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NEW MEXICO OIL CONSERVATION COMMISSION

APR 12 11 03 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name Grimes
3. Address of Operator P. O. Box 1978, Roswell, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER O , 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 18-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs - San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3638' Ground	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dumped 10 gallons Hydromite and plugged back 6-1/4" OH from 4164' to 4158'. Acidized OH 4037-4158 w/500 gallons 15% LSTNE acid. Ran rods and pump. Restored well to production. Work commenced 3-1-67; load recovered and well back on production 3-6-67.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed
A. D. Kloxin TITLE Dist. Prod. & Drlg. Supt. DATE 4-10-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: