

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1448
7. Unit Agreement Name
8. Farm or Lease Name State Vacuum Unit
9. Well No. 7
10. Field and Pool, or Wildcat Vacum Grayburg SA
12. County Lea

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- Injection
2. Name of Operator ARCO Oil & Gas Company
3. Address of Operator P.O. Box 1610, Midland, Texas 79702
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 17 RANGE 34E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4073.8'

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1703.

Propose to repair communications as follows:

1. POH w/injection tbg & pkr.
2. Isolate csg leaks w/RBP & pkr.
3. Sqz holes w/cmt as necessary.
4. RIH w/injection tbg & pkr, testing to 5000#.
5. Press test annulus to 1000#.
6. Return to injection.

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

SIGNED Ken C. Gosnell 915/688-5672
TITLE Engr. Tech. Spec. DATE 4/21/86

APPROVED BY JERRY SEXTON
DISTRICT SUPERVISOR TITLE _____ DATE APR 25 1986

CONDITIONS OF APPROVAL, IF ANY: