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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes O-11
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO WELL OWNERS CONCERNING DATA TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT AND NOTICE TO WELL OWNERS FOR SUCH PURPOSES.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Atlantic Richfield Company

Address of Operator
Box 1710, Hobbs, New Mexico 88240

Location of Well
UNIT LETTER **G** **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM THE **East** LINE, SECTION **32** TOWNSHIP **17S** RANGE **34E** N.M.P.M.

11. Elevation (Show whether DF, RT, GR, etc.)
4074' GR

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-143

7. Unit Agreement Name
State Vacuum Unit Waterflood Project

8. Name of Lease Owner
State Vacuum Unit

9. Well No.
9

10. Field and Pool, or Wildcat
Vacuum Grbg SA

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Run liner, cmt, perf SA & acidize	CASING TEST AND CEMENT JOBS ☐	
	Convert to WIW	OTHER ☐	

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.

Propose to convert a producing oil well in the San Andres zone to a water injection well in the State Vacuum Unit Waterflood Project in the following manner:

1. Rig up, POH w/rods & pump. Install BOP & POH w/tbg.
2. CO to 4765'.
3. Run caliper log & spot cmt for liner.
4. Run 3½" OD NU 9.2# J-55 tbg for liner (300') w/top of liner @ approx 4465' inside 5½" OD csg.
5. Drill out cmt to 4765' PBD & test liner to 1000#.
6. Perforate SA w/l JSPF 4605-4639'.
7. GIH w/tbg loc sub & seal assy, load 5½" X 2-3/8" annulus w/treated fresh water & test to 1000# for 30 mins.
8. Acidize SA perfs 4605-4639' w/2000 gals 15% HCL-NE acid.
9. Install injection wellhead w/metering equipment. Shut in. OCC to be notified of date first water injection commences.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 1/10/77

APPROVED BY _____ TITLE _____ DATE 1/13/1977

CONDITIONS OF APPROVAL, IF ANY: