NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] Fee [ ]

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

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.)

7. Unit Agreement Name:

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: State Vacuum Unit

2. Name of Operator: Atlantic Richfield Company

9. Well No.: 5

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Vacuum Grbg SA

4. Location of Well: UNIT LETTER B, 990 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 34E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 4077' DF

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Cmt squeeze waterflow behind 5½" Csg [X]		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.

TD 4700'. Completed OH 4339-4700'
8-5/8" OD 28# csg set @ 1550'. Cmt circ.
5½" OD 15.5# csg set @ 4339'. Cmtd w/500 sx.
Propose to cmt squeeze waterflow behind 5½" csg in the following manner:
1. Rig up, install BOP & POH w/completion assy.
2. RIH w/RBP, set @ 4200'. Spot 3 sx sd on top of BP.
3. Run CBL & Sonan log.
4. Perf 4 - ½" squeeze holes.
5. Circ cmt to surf thru squeeze holes.
6. Drill out & test, retrieve BP, clean out, run completion assy. Return to production.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO COMMENCING WORK

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 4/7/77

APPROVED BY _____ TITLE _____ DATE APR 11 1977

CONDITIONS OF APPROVAL, IF ANY: