COPIES RECEIVED		Form C-103
TRIBUTION	·	Supersedes Old C-102 and C-103
I FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.\$.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		B-1585
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS ON WELLS PROSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT - 11 (FORM C-101) FOR SUCH PROPOSALS.)	
OIL A GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Co	ompany	8. Form or Lease Name State "A" DE
3. Address of Operator		9. Well No.
P. O. Box 1710, Hobbs	s, New Mexico 88240	2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER N 3	330 FEET FROM THE South LINE AND 2310 FEET PROM	Vacuum-Grbg S.A.
THE West LINE, SECTION	DO TOWNSHIP 17S RANGE 35E	
	15. Elevation (Show whether DF, RT, GR, etc.) 3928 RKB	12. County Lea
16. Check	Appropriate Box To Indicate Nature of Notice, Report or Ot	
		F REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
	<u> </u>	lean Out & Frac 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 1703.		
work, see note not		
Work started on 8/1/73. CO open hole to 4612'. Treated O.H. 4224-4612' w/44,000# 20/40 sand in 25,000 gal 9# brine in 4 stages separted by 300#, 600#, 500# of benzoic acid flakes. Treated down 2-7/8" tubing @ 20.3 BPM @ 4000#. JC @ 5:10 PM 8/6/73. Ran 2-3/8" tubing w/S.N. to 4463'. Placed well on rod pump. Load water not coming back. On test ending 10/27/73 pumped 3 BO & 2 BLW. Workover unsuccessful.		
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18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information		nar 11/16/73
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief. TITLE Dist. Drlg. Supv.	DATE 11/16/73

CONDITIONS OF APPROVAL, IF ANY: