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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1399	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name State "W" DE
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201		9. Well No. 2
4. Location of Well UNIT LETTER <u>O</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum/Grb-S.A.
15. Elevation (Show whether DF, RT, GR, etc.) 3909 GL		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input 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.

This well has been shut in since January, 1970 when production went to 100% water. We propose to T.A. well by capping w/2000# WOC valves & to hold for possible secondary recovery use.

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

SIGNED RL Bricker TITLE Dist. Drlg. Supv. DATE 8-3-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: