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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.
7. Unit Agreement Name
8. Name of Lease Name State M DE
9. Well No. 11
10. Field and Pool, or Wellfoot Vacuum
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CHANGE OR PUMP BACK TO A DIFFERENT RESERVOIR.  
SEE APPLICATION FOR PERMIT TO DRILL OR PUMP BACK FOR SUCH PROPOSALS.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Atlantic Richfield Company

Address of Operator

P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER 0 660 South 1980  
FEET FROM THE LINE AND FEET FROM  
East 29 17S 35E  
THE LINE, SECTION TOWNSHIP RANGE NMPN.

15. Elevation (Show whether DE, RT, GR, etc.)  
3964 GR

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐  
PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

May 21, 1976. Cellar was dug out to top of 8-5/8" surface pipe. Cement to top of pipe. Cement to top of 8-5/8. Piped Bradenhead to ground level with 2 inch and stenciled valve "surf." Above work performed in accordance with NMOCC letter dated 04/28/76. Witnessed by John Runyan of the New Mexico Oil Conservation Commission.

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

SIGNED H.L. Honea H.L. Honea TITLE Sr. Dist. Prod. Supvr. DATE May 26, 1976

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: