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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"/> SX Per <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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name State "M" DE
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	9. Well No. 2
4. Location of Well UNIT LETTER J 2310 FEET FROM THE East LINE AND 1650 FEET FROM THE South LINE, SECTION 29 TOWNSHIP 17-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Vacuum-Grbg-SA
15. Elevation (Show whether DF, RT, GR, etc.) 3766' RKB	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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> Clean Out & Frac

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.

We propose to clean out OH 4203-4615' and frac w/52,500± 20/40 sand in 45,000 gallons slick 9#/brine and resume pumping. Well is currently producing 4 BOPD.

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

SIGNED C. D. Litcher TITLE Dist. Drlg. Supervisor DATE 7/25/73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: