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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 ☒ Fee ☐
5. State Oil & Gas Lease No.

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 L "DE"
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>2310</u> FEET FROM THE <u>East</u> LINE AND <u>330</u> FEET FROM THE <u>North</u> LINE, SECTION <u>30</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum-Grbg/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3995' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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 declined to approximately 4 BOPD & no remedial possibilities exist. It was treated w/2000 gallons of 15% HCl acid in 1971 with no sustained production increase. We propose to temporarily abandon by pulling rods & pump and capping w/2000# WOG master valve. Well to be held 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 A.D. Litcher TITLE Dist. Drlg. Supervisor DATE 6/18/73

APPROVED BY John A. Ruppert TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: