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LAND OFFICE	
OPERATOR	

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-1576
7. Unit Agreement Name
8. Farm or Lease Name State B-1576
9. Well No. 4
10. Field and Pool, or Wildcat Vacuum/Grayburg-S.A.
12. County Lea

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"/>
2. Name of Operator Atlantic Richfield Company
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3975' GR

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Fracture Treat</u> <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

San Andres open hole 4150-4550' is currently producing 20 BOPD, no water. In an attempt to increase this production we propose to treat w/30,000 gallons of slick water containing 30,000# of 20/40 sand.

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

SIGNED <u>D.L. Britches</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>4/12/73</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: