

NO	COPIES RECEIVED		
	DISTRIBUTION		
	OFFICE		
	FOR		

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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name C.M. Selby	
9. Well No. 1	
10. Field and Pool, or Wildcat Midway Abo	
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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator

Atlantic Richfield Company

3. Address of Operator

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

4. Location of Well

UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 18 TOWNSHIP 17S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3813' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

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.

Rigged up, installed BOP. POH w/completion assy. Pmpd 70 sx Cl C cmt w/4% gel, plug down w/mud to 5400'. Ran free pt. & found free @ 4560'. Cut 2-7/8" csg @ 4564' w/jet cutter and pulled. Circ hole w/heavy gelled mud. Spotted 30sx cmt plug 4564-4414, pulled up & spotted 30 sx cmt plug from 2200'-2050' across top of salt. Spotted 10 sx cmt plug in top of csg @ surface. Installed regulation dry hole marker, clean & level location. Well P & A eff. 7-31-75. Final Report. Your office to be notified when location is ready for inspection.

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

SIGNED Le Roy Knott

TITLE Dist. Drlg. Supervisor

DATE 8-12-75

APPROVED BY _____

TITLE _____

DATE 8-12-75

CONDITIONS OF APPROVAL, IF ANY: