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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. OG 1847
7. Unit Agreement Name
8. Farm or Lease Name State "BG"
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- Drilling Well
2. Name of Operator Atlantic Richfield Company
3. Address of Operator P. O. Box 1978, Roswell, New Mexico
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 19-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3972' DF

16. 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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER **Plug Back & Test Queen**

SUBSEQUENT REPORT OF:

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.

Drilled 7-7/8" hole to 10,350' on 4/30/67. Drill stem tests and open hole logs proved Bone Springs objective non-commercial. We propose to plug back and set 4-1/2" casing to approximately 5450'. Perforate and fracture treat and test various Queen formation intervals. The following neat Incor cement plugs will be set to plug back;

25 sx from 10230-10330

25 sx from 8165-8265

25 sx from 5615-5715

8.8#/gal gel-driscose mud will be left between all plugs.

This program verbally approved by Mr. Joe Ramey.

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

Original Signed

SIGNED **O. D. Bretches**

Dist. Drlg. Supervisor

TITLE

5-9-67

DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: