

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator ARCO Oil & Gas Company - Division of Atlantic Richfield Co.	8. Farm or Lease Name R. F. Fort A
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat Knowles Dev. South
15. Elevation (Show whether DF, RT, GR, etc.) 3663.2' GR	12. County Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Change in lease name ☒
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.

Change in lease name from R. F. Fort #2 to R. F. Fort "A" #1. Change in lease name due to a difference in property accounting of the recently completed R. F. Fort #1 and this well. Change eff: 7-5-85.

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

SIGNED A. L. Shackelford TITLE Engrg. Tech. Spec. DATE 7-5-85

APPROVED BY _____ TITLE _____ DATE 100 1985

CONDITIONS OF APPROVAL, IF ANY: