

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 and Gas Company - Div of Atlantic Richfield Company		8. Farm or Lease Name Ida X White	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER <u>I</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>20S</u> RANGE <u>36E</u> NMPM.		10. Field and Pool, or Wildcat Eumont Yates 7R Qn	
15. Elevation (Show whether DF, RT, GR, etc.) 3555' Wellhead		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 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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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.

On test 3/28/87 well produced 1 BO, 22 BW & 4 MCFG. Closed tubing and casing valves, and shut well in effective 4/02/87 pending evaluation. Final Report.

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

SIGNED Steven D. Smith TITLE Area Prod. Supt. DATE 4/21/87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 24 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED -
APR 23 1987
OCD
HOBBS OFFICE

100-45-11

100-45-11