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	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 James H. Williams
9. Well No. 1
10. Field and Pool, or Wildcat Eunice Monument Grbg SA
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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

T.A.

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 A , 330 FEET FROM THE North LINE AND 330 FEET FROM
THE East LINE, SECTION 33 TOWNSHIP 19S RANGE 37E NMPM.

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

3587' GR

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 ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Temporarily abandon ☒

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.

This well was shut in during the month of April, 1966, because it was uneconomical to produce. The well was temporarily abandoned effective 2/1/75 by installing a 175# WP WOG valve on tbg head. Future plans are to study for secondary recovery during the 4th qtr of 1975.

Expires 1/1/76

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

SIGNED H. J. Beaumont

TITLE Dist. Drlg. Supv.

DATE 2/19/75

Orig. Signed by

Joe D. Beaumont

APPROVED BY Joe D. Beaumont

TITLE Dist. Drlg. Supv.

DATE 2/19/75

CONDITIONS OF APPROVAL, IF ANY: