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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 6 11 33 AM '67

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.

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name O. O. Bradley
3. Address of Operator P. O. Box 1978, Roswell, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER B 480 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 19S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Hobbs - San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3638 DF	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 Acid <input checked="" 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"/>	

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.

Acidized open hole 4095-4105 w/1000 gallons of 15% LSTNE acid down tbg csg annulus, on 6/28/67. Production prior to acid job was 2 BO & 1 BW in 24 hrs. After acid job well produced 6 BO & 18 BW in 24 hrs.

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

Original Signed
O. D. Bretches

SIGNED

TITLE **Dist. Drlg. Supervisor**

DATE **7-5-67**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: