

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-2406

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - M (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Atlantic Richfield Company
3. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.

7. Unit Agreement Name
8. Form or Lease Name
State 196
9. Well No.
<u>1</u> <u>2</u>
10. Field and Pool, or Wildcat
Eunice Monument Grbg SA
12. County
Lea

15. Elevation (Show whether DF, RT, CR, etc.)
3546' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☒
PULL OR ALTER CASING ☐	OTHER <u>Cancel P&A Intention</u> ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 8/25/76 rigged up to P&A as approved by your office on Form C-103 dated 6/8/76. Pulled on tbg & open hole pkr. Could not pull pkr above bottom of 7" OD csg set @ 3732'. Propose to change plans and leave tbg & pkr in hole, flange up wellhead, close 2" gate valve on tbg & leave well shut in and hold well bore for possible use in secondary recovery @ a future date.

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

CHEROKEE [Signature] TITLE Dist. Drlg. Supv. DATE 8/26/76
PROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: