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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 ☐   Fee X

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.)

7. Unit Agreement Name

1.
OIL WELL ☐   GAS WELL X   OTHER-

8. Farm or Lease Name
H. S. Turner

2. Name of Operator
Atlantic Richfield Company

9. Well No.
3

3. Address of Operator
P. O. Box 1978, Roswell, New Mexico 88201

10. Field and Pool, or Wildcat
Drinkard

4. Location of Well

UNIT LETTER **N** , **660** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **West** LINE, SECTION **29** TOWNSHIP **21-S** RANGE **37-E** NMPM.

15. Elevation *(Show whether DF, RT, GR, etc.)*
3461' GR

12. County
Lea
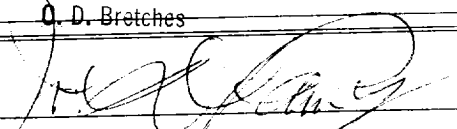
16.   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐
		OTHER **Change in dual equipment** X
OTHER	☐	

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.

On 9/17/69 moved in unit & pulled 2-1/16" tubing. Found tubing parted at 3824'. Fished remainder of 2-1/16" tubing, parallel anchor, Garrett slide valve and top half of Baker safety joint receptacle. Left bottom half of safety joint, 415-D latching seal assembly and FWP blanking plug in 2-3/8" tubing @ 6546'. Pressure tested 415-D packer and blanking plug. Held OK. Will use this to serve as temporary abandonment of Drinkard zone instead of DR plug, as approved on C-103 dated 9/8/69.

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

SIGNED Original Signed O. D. Bretches

TITLE **Dist. Drlg. Supervisor**   DATE **9-29-69**

APPROVED BY

TITLE   DATE

CONDITIONS OF APPROVAL, IF ANY: