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

Dec 7 1 29 PM '66

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease
 State ☐ Fee ☒
 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- 2. Name of Operator Atlantic Richfield Company 3. Address of Operator P. O. Box 1978 - Roswell, New Mexico 4. Location of Well UNIT LETTER B , 660' FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 21-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name J. N. Carson 9. Well No. 3 10. Field and Pool, or Wildcat Penrose Skelly
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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 Supplemental History <input checked="" 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.

This well was last produced in March, 1954. At that time the well was shut-in and no further attempt has been made to return the well to a producing status. We are holding the well in a TA category in the belief that some secondary recovery project will eventually be started in the area.

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

Original Signed

SIGNED **A. D. Kloxin** **A. D. Kloxin** TITLE **Dist. Prod. & Drlg. Supt.** DATE **December 6, 1966**

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: