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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State [X]   Fee [ ]
5. State Oil & Gas Lease No.
B-1506

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 [X] GAS WELL [ ] OTHER-	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name State 157 "A"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 1

4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER _____, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 22S RANGE 36E NMPM.	Eunice 7Rivers On So.

15. Elevation *(Show whether DF, RT, GR, etc.)* 3550' 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 [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER _____ [ ]		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.

TD 4000', PBD 3713'. Present perfs 3687-3711'.
Propose to add perforations, acidize & fracture treat in the following manner:

1. Install BOP.
2. POH w/completion assy.
3. Run in hole w/RBP & tbg. Set RBP @ 3680'.
4. Circ hole clean w/2% KCL water.
5. Spot 150 gals 15% HCL-LSTNE acid across interval to be perf'd. POH w/tbg.
6. Perforate w/1 JS ea @ 3638, 39, 50, 52, 53, 57, 58, 60, 67, 70 & 73' = 11 holes.
7. GIH w/tbg & pkr. Set pkr @ 3550'. Acidize new perfs w/1000 gals 15% HCL-LSTNE acid using ball sealers to divert.
8. Fracture w/20,000 gals gelled KCL water & 30,000# 20/40 sd.
9. Swab test and if well fails to flow, remove RBP. RIH w/tbg, rods & pump & return to production.

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

SIGNED	TITLE Dist. Drlg. Supv.	DATE 1/21/75

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: