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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 ☒

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

OIL WELL ☐ GAS WELL ☒ OTHER-

1. Name of Operator
Atlantic Richfield Company

8. Farm or Lease Name
H. S. Record WN

2. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

9. Well No.
1

4. Location of Well
UNIT LETTER P, 990 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 22S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Jalmat Gas

15. Elevation (Show whether DF, RT, GR, etc.)
3553' 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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Run Fiberglass Liner ☒	

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.

Rigged up on 8/17/77. Cleaned out to 3496' TD. RIH w/358' of 4½" CIBA Pronto-lock fiberglass spiral drill liner w/¼" hole per foot. Top of liner @ 3135'. RIH w/SN & 2-3/8" OD EUE tbg, SN @ 3450'. Swbd Jalmat 20 hrs, rec 25 BLW, gas at rate of 260 MCFD. 14 hr SITP 160 PSIG. On 24 hr potential test 9/8/77 flwd Jalmat OH zone 3174-3496' on 64/64" ck ARO 303 MCFGPD. Prod prior was 0 MCFGPD. Returned to production.

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

SIGNED [signature] TITLE Dist. Drlg Supt. DATE 9/9/77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: