DISTRIBUTION		Form C-103 Supersedes Old
		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fea
OPERATOR		5. State Oil & Gas Lease No.
		B-1506
SUN	THE THE PARTY OF T	
(DO NOT USE THIS FORM FOR USE MAPPEIR	DRY NOTICES AND REPORTS ON WELLS PROPOGALS TO STILL ON TO SEE PEN OR PEND FACE TO A DIFFERENT PESERVOIR. CATION FOR PERMIT - " (FORM C-10)" FOR SECH ENDODOALS.)	
1.		7. Unit Agreement Name
WELL X WELL	OTHER-	The state of the s
2. Name of Operator		8. Farm or Lease Name
Atlantic Richfield (ompany	State 157 D
3. Address of Operator		
		9. Well No.
P.O. Box 1710 - Hobbs, New Mexico 88240 4. Location of Well		1 4
		10. Field and Pool, or Wildcat
UNIT LETTERI	2310 FEET FROM THE South LINE AND 990 FEET FRO	Arrowhead Grbg.
	•	
THE East LINE, SEC		
	TOWNSHIP 22S RANGE 36E NMPN	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3456' GR	Lea
16.	XXXXXXI	
NOTICE	k Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF	INTENTION TO: SUBSEQUEN	IT REPORT OF:
	<u> </u>	
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 JQB	Arrowhead Grbg only
	OTHER	
OTHER	<u> </u>	
17 Departs Departs of Complete		
work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
Prior to recompletion	on in the Eumont Queen Gas Zone, this well was plu	ugged & abandoned in
the Arrowhead Graybu	irg in the following manner:	
	-	
1. Rigged up on 12-	-4-75, killed well & installed BOP.	
2. WIH $w/6-1/8''$ bit	t & 7" csg scraper to 3560'. POH w/bit & csg scra	ner
3. WIH w/cmt retr.	set retr @ 3520'. Squeezed Grayburg OH interval	3570-37501/100 am
C1 C cmt contg!	4% gel max P. 2500#. PU, RO 25 sx cmt. Grayburg	011 7-ma DOA 10 7 75
	1/0 get max 1. 2000%. Fo, No 25 SX cmt. Grayburg	O11 Zone P&A on 12-7-75.
18. I hereby certify that the information	on above is true and complete to the best of my knowledge and belief.	
	Dist Drlg. Supv.	12-17-75
TIONED Y		DATE
	Colors at by	
	🏂 wy 🖔	
	2	

CONDITIONS OF APPROVAL, IF ANY: