STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

11(3) 10(0) 14(1) 450 0 450 0 50 0	
wa. or Corics Accress	
POLITIBUTION	
SANTA FE	
FILE	
U.5.G.S.	
LAND OFFICE	
OPERATOR	

JIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 ·

SANTA FE, NEW MEXICO 87501	Revised 10-1-73
	5a. Indicate Type of Lease
U.S.G.S.	State X Fre
LAND OFFICE	5. State Otl & Gas Lease No.
OPERATOR	E-8077
CINDDA MOTICES AND DEBOOTS ON MELLS	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DECEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 100 NOT USE THIS FORM FOR PROPOSALS.)	
1.	7. Unit Agreement Nume
OIL X GAB OTHER-	
2. Nome of Operator ARCO Oil and Gas Company	8. Farm or Lease Name
Division of Atlantic Richfield Co.	State 731
3. Address of Operator	9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88241-1710	1
4. Location of Wall	10. Field and Pool, or Wildcat
UNIT LETTER L 660 FEET FROM THE West LINE AND FEET FROM	Jalmat Yates 7R
South 25 22S 35E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3562.2' GR	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other	er Data
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORABILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOS X SU	rtace
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including of	estimated date of starting any proposed
work) SEE RULE 1103.	·
Spudded 12½" hole @ 4:00 PM, 8/16/81. Finished drlg 12½" hole to 1754'	@ 1:30 AM 8/20/81
RIH w/8-5/8" OD 24# K-55 csg set @ 1754'. Cmtd csg w/750 sx C1 C cmt c	onto 4% sel followed
by 250 sx Cl C cmt contg 2% CaCl ₂ . Circ 150 sx cmt. PD @ 1:20 PM. 8/2	0/81. WOC 27% hrs
by 250 sx Cl C cmt contg 2% CaCl $_2$. Circ 150 sx cmt. PD@ 1:20 PM, 8/2 Pressure tested csg to 1000# for 30 mins, testd OK. Drlg new fm@ 5:00	PM. 8/21/81.
	, 0,, 0,
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGHED STATE DIST. Dr. Supt.	DATE 8/25/81
Ods Signed by	
APPROVED BY FIGURE TITLE	DATE
CONDITIONS OF APPROVAL, I ANY:	•