

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-8077

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"/> TA GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company 3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 22S RANGE 35E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3577.5' GR	7. Unit Agreement Name 8. Farm or Lease Name State 731 9. Well No. 5 10. Field and Pool, or Wildcat Jalmat Yates 7R 12. County Lea
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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 JOBS <input type="checkbox"/>	OTHER Temporarily Abandon <input checked="" type="checkbox"/>

7. 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.

RU 2/16/84, POH w/rods & pump. Installed BOP & POH w/2-3/8" OD tbg. Set CIBP @ 3849'. RIH w/1 jt of 2-3/8" OD tbg, removed BOP, connected up wellhead & closed in w/gate valve. TA eff: 2/17/84. Final Report.

Note: Casing was loaded w/10# BW w/25 sx salt gel per 100 BBW.

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

SIGNED <u>Blair W. Lawrence</u>	TITLE <u>Drlg. Engr.</u>	DATE <u>2/22/84</u>
APPROVAL SIGNED BY JERRY SEXTON AGENCY SUPERVISOR		
PROVED BY _____	TITLE _____	DATE <u>FEB 27 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		