

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-2139	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name State H
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 3
4. Location of Well UNIT LETTER <u>J</u> <u>4620</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.		10. Field and Pool, or Wildcat Eumont Queen Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3584' DF		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Recomplete in Eumont Gas</u> <input checked="" type="checkbox"/>

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.

Perforated 1 JS ea. @ 3410, 16, 23, 54, 63, 77, 83, 98, 3509', 17, 33, 52, 56, 60, 76, 86, & 3588'. Ran 5-1/2" FBRC, 1- 2-3/8" OD SN on 2-3/8" tbgs. & set FBRC @ 3338'. Treated perms 3410 - 3588' w/1500 gals. 15% HCl-LSTNE acid. Flushed w/20 bbls. 9# brine. MTP 1900#, min 1200#, ATP 1700# @ 3BPM. SDP 1200#. SIP in 5 mins. 1000#, 10 mins 900#, 15 mins 800#. 14 hr. SITP, 0#. Checked fluid @ 1000'. Swbd & flwd 9 hrs, rec 15 BLW, gas ARO 626 MCF on 32/64" choke. FTP 85#. Swabbed & flowed to unload fluid. Set FBRC pkr. @ 3314'. Treated perms 3410 - 3588' w/25,000# 20/40 sd in 16,000 gals. KCL water w/25# gel, 25 gals adomite & 1 gal. NE/1000 gal. added. MTP 4400#, min. 4100#, ATP 4200#, SDP 1200#

Pulled FBRC pkr & 2-3/8" tbgs. Cleaned out w/sd pump to PBD 3715'. Ran 1- 2-3/8" OD SN & 118 jts. 3612' of 2-3/8" tbgs. Btm @ 3620'. Swabbed for 5 hrs., rec. 38 BLW, good show of gas. 38 hr. SITP 345#, CP 400#. Swabbing and flowing to unload fluid. On 24 hr test 06/20/74 flowed 576 MCFGPD on 16/64" choke. FTP 270#, Csg Press. 400#. Completed as single gas well in Eumont Queen pool.

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. Supervisor DATE June 26, 1974

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: