

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 checked="" type="checkbox"/> GAS WELL <input 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 1978, Roswell, New Mexico 88201	9. Well No. 3
4. Location of Well UNIT LETTER J, 4620 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Eunice-Grayburg
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

This well is producing from 1 to 2 BOPD + 80% water. We propose to temporarily abandon by capping with a 2000# WOG valve and hold well for possible secondary recovery use.

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

SIGNED <u>A.D. Fletcher</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>7/8/71</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR</u>	DATE <u>JUL 12 1971</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL - 6 1971

OIL CONSERVATION COMM.
HOBBS, N. M.