

NEW MEXICO OIL CONSERVATION COMMISSION

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DATE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1511

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR A WELL WHICH IS BEING PRODUCED OR IS TO BE PRODUCED IN A DIFFERENT RESERVOIR.
(FOR INFORMATION OF THE OPERATOR, THE WELL SHOULD BE IDENTIFIED BY A WELL NUMBER.)

1. Name of Operator
Atlantic Richfield Company
2. Address of Operator
P. O. Box 1710, Hobbs, New Mexico
3. Location of Well
UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 19 TOWNSHIP 21S RANGE 36E N.M.P.M.

6. Unit Approval Name
7. Name of Lease Name
State "F" DE
8. Well No.
4
10. Field and Pool, or Wildcat
Eumont Yates 7 Rivers On

15. Elevation (Show whether DF, RT, GR, etc.)
3636' GR

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"/>	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 <input checked="" type="checkbox"/> Return to Production

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEC RULE 1103.

This well has been shut in since 9-1-67. The well was tested on 12-7-76 flwg 1 BO, 3 BW & 298 MCFG on 30/64" ck, FTP 90#. NMOCC approved to include this well into a common 185 acre proration Unit along with the State "F" DE well No's 1 & 3 has been approved. Well to be returned to production on 2-10-77 as a Eumont Gas Well.

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

SIGNED D. L. Shackelford

TITLE Accountant I

DATE 2-8-77

APPROVED BY [Signature]

TITLE SUPERVISOR DISTRICT I

FEB 16 1977

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 1977

OIL CONSERVA. CN COMM.
HOBBS, N. M.