

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.
NM-65

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 1 Battery 4
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 21 RANGE 36 NMPM.	10. Field and Pool, or Wildcat Dunice-Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) DF 3612	12. County Lea

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 checked="" type="checkbox"/> Acid wash well bore	CASING TEST AND CEMENT JOBS <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.

The production on this well has declined to approximately 15 B.O.P.D. plus 65% water. It is proposed to acid wash producing interval from 3801-3900 with 1000 gals. 15% LSTNE HCL acid.

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

SIGNED	ORIG. SIGNED: D. L. LANGSTON	TITLE	District Prod. Supv.	DATE	5-4-67
APPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes Old
C-102 and C-103
Effective 1-1-63

8. State Oil & Gas Location	9. Indicate Type of Lease <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
10. Field and Pool, or Wildcat	
11. Well No.	
12. Name of Lessee Name	
13. Unit Agreement Name	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DISPERSED RESERVOIR. USE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)	
1. Name of Operator	<input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Address of Operator	
3. Location of Well	
4. Elevation (Show whether DB, RT, OR, etc.)	
5. Township	
6. Range	
7. Section	
8. County	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
SUBSEQUENT REPORT OF:

<input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER	<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMPLETION DRILLING OPER. <input type="checkbox"/> CASING TEST AND REMEDIAL JOB <input type="checkbox"/> OTHER	<input type="checkbox"/> PREVIOUS REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PLUG OR ALTER CASING <input type="checkbox"/> OTHER
--	---	--

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

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

SIGNED _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: