NO. OF COPIES RECEIVED	~~~~~~~~~~~~~~~		Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSE	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
L			B-1167
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.)			
			7. Unit Agreement Name
OIL GAS WELL X WELL OTHER-			
2. Name of Operator			8. Farm or Lease Name
Atlantic Richfield Company			State "D" DE
3. Address of Operator			9. Well No.
P.O. Box 1710 - Hobbs, New Mexico 88240			2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERJ 1650 FEET FROM THE South LINE AND 2310 FEET FROM			Arrowhead Grayburg
Foot	26 01 0	2617	
THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>215</u> RANGE <u>36E</u> NMPM.			(A))))))))))))))))))))))))))))))))))))
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Lea
^{16.} Che	ck Appropriate Box To Indicate Na	ature of Notice, Report or Ot	her Data
			T REPORT OF:
<u> </u>		()	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	r	COMMENCE DRILL NG OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	चि
		OTHER Shut-in	X
OTHER	L_J		
17. Describe Proposed or Complete	ed Operations (Clearly state all pertinent deta	uils, and give pertinent dates, including	estimated date of starting any proposed

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

The above well was shut in on December 22, 1969. The well was shut in because it was uneconomical to produce. The well is scheduled to be stimulated during the 1st qtr 1976.

Expires 10-1-76

DATE

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

SIGNED DI Kichs

TITLE Dist. Prod. & Drlg. Supt.

DATE ____9=26=75 _____

Only Sta Ken og APPROVED BY

_____TITLE

CONDITIONS OF APPROVAL, IF ANY