NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			41.03
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			B-1167
(DO NOT USE THIS FORK			
l. OIL Y GAS	7. Unit Agreement Name		
2. Name of Operator		OTHER•	
Atlantic Richfield Company			8. Farm or Lease Name
3. Address of Operator			State D DE 9. Well No.
P. O. Box 1710, Hobbs, New Mexico			
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER J	Arrowhead Grayburg		
i			
THE BAST LIN	E, SECTIO	N 36 TOWNSHIP 21S RANGE 36E NMPM.	Militillillillilli
	7777	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		3515'GR	Lea
16.	`heck	appropriate Box To Indicate Nature of Notice, Report or Otl	
NOTICE	FOFIL		
1101101	2 0, 11,	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK		PLUG AND ABANDON REMEDIAL WORK	, , , , , , , , , , , , , , , , , , , ,
TEMPORARILY ABANDON			ALTERING CASING
PULL OR ALTER CASING		COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
,		CHANGE PLANS CASING TEST AND CEMENT JQB OTHER Shut-in	
OTHER		OTHER SHOETH	\X!
17. Describe Proposed or Comp	oleted Op	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.			
			•
The above well was shut in an December 00 1000 m			
The above well was shut-in on December 22, 1969. The well was shut-in because			
it was uneconomical to produce. The well is being studied for secondary recovery			
possibilities during the 1st quarter of 1976.			
		y	
			•
			11 0
			NU -
		MICO	
			<i>(</i>)
			ires 0/1/2
			////
18. I hereby certify that the info	ormation	above is true and complete to the best of my knowledge and belief.	
I notoby certify that the Int	a(10)1	10 and complete to the best of my knowledge and belief.	
	,		
SIGNED	· · · · · · · · · · · · · · · · · · ·	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974
	~ ·	0: 11	
APPROVED BY	Orig	Signed by TITLE	DATE
APPROVED BY	IF ANO	D. Ramey	•
	D_{i}	t. I. Sup v _o	