

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name Roy Barton
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico		9. Well No. 3
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>23</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NNPM.		10. Field and Pool, or Wildcat Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3404' 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 JOB <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/> casing leak test

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 cellar has been dug out to expose the surface casing. Each valve checked on surface, intermediate & casing & piped to ground level w/1500# W.K.M. ball valve added. Each ball valve has been stenciled with letters as follows: SC - IC - C

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

SIGNED H. L. Honea H. L. Honea TITLE Sr. Dist. Prod. Supv. DATE 11/2/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 22 1971

OIL CONSERVATION COMM.
LOS ANGELES, CALIF.