

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 checked="" type="checkbox"/> dual GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name	
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name S. J. Sarkeys	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 2	
4. Location of Well UNIT LETTER 0 , 330 FEET FROM THE south LINE AND 2310 FEET FROM THE east LINE, SECTION 23 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Blinebry-Drinkard	
15. Elevation (Show whether DF, RT, GR, etc.) 3380' GR		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 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 on this well was dug out to expose the surface casing. Valves checked on surface casing, intermediate casing & casing & piped to ground level with additional 1500# WKM ball valves 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 Sr. Dist. Prod. Supv. DATE 11/2/74

APPROVED BY ONE TITLE ONE DATE ONE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NO 20 1974

U/L CONSULATRY COMM.
HOBBS, N. M.