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HOBBS OFFICE O. C. G.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 19 1 03 PM '68

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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. 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 Coleman
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	9. Well No. 2
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 2306 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Eunice - Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3621' GL	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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

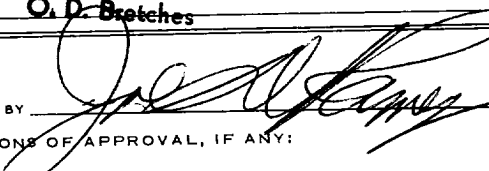
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Acidize** ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Treated OH 3580-4013 w/5000 gallons 15% LSTNE acid. Pumped down 2-3/8" x 5-1/2" annulus. Displaced acid w/70 bbls lease crude. Production prior to acid job, well pumped 10 BO & 6 BW in 24 hrs. Production after acid job, well pumped 38 BO & 42 BW in 24 hrs. Work started 6/12/68, completed 6/15/68.

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

Original Signed
SIGNED **O. D. Bretches** TITLE **Dist. Drlg. Supervisor** DATE **6-18-68**
APPROVED BY  TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: