

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	8. Farm or Lease Name Seven Rivers Queen Unit
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER A 330 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 22S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat Eunice SR On South
15. Elevation (Show whether DF, RT, GR, etc.) 3501' GR	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Request for Shut-In Extension ☒

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.

This well was shut in 5/06/86 pending evaluation.

We are requesting an extension of your approved Form C-103 which expires 5/06/87.

2nd TEMPORARY ABANDON exp. 5/6/87

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

SIGNED Steven D. Smith TITLE Area Prod. Supt. DATE April 8, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: