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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW	7. Unit Agreement Name Seven Rivers Queen Unit
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat So. Eunice-7RQ
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 OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Convert to WIW ☒

### 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.

Made trip w/4-3/4" bit & casing scraper.  
Ran 2-3/8" cement lined tubing & Baker AD-1 tension packer.  
Set packer at 3681'.  
Installed injection wellhead.  
Work completed 12/26/73.  
Water will be injected into perforated interval 3726'-3798'.  
Loaded annulus w/treated fresh water.

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

SIGNED R.D. Litcher TITLE Dist. Drlg. Supv. DATE 1/2/74

APPROVED BY Orig. Signed by TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: