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LAND OFFICE	
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.	
7. Unit Agreement Name	
8. Farm or Lease Name Seven Rivers Queen Unit	
9. Well No. 15	
10. Field and Pool, or Wildcat Eunice 7 Rivers Queen So.	
12. County Lea	

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 ☐ GAS ☐ WELL ☐ OTHER- Water injection well

2. Name of Operator
Atlantic Richfield Company

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER 0 660 FEET FROM THE south LINE AND 1980 FEET FROM
THE east LINE, SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3509' GR

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 <u>Acidize</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Propose to acidize present perms 3690'-3700', 3711'-14', 3726'-31', 3740'-63', 3780'-92', 3794'-98' in water injection well in the following manner:

- Shut well in, connect to tubing and pump 1000 gals 15% HCL LSTNE Acid, shut down, soak 30 minutes.
- Pump 700 gals 15% HCL LSTNE Acid.
- Inject 600# rock salt.
- Pump 1500 gals 15% HCL LSTNE Acid.
- Inject 600# rock salt
- Pump 2500 gals 15% HCL LSTNE Acid.
- Flush w/injection water, flange up well head & return to water injection.

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

SIGNED H. T. Homa TITLE Sr. Dist. Prod. Supv. DATE 6/10/75

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: