

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.O.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. 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 - Div 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. 9
4. Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Eunice 7R Qn South
15. Elevation (Show whether DF, RT, GR, etc.) 3517' GR	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 <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 JOBS <input type="checkbox"/>	Returned to Injection <input checked="" 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.

Well returned to injection 4/20/87.

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

SIGNED: Herold Smith TITLE: Area Prod. Supt. DATE: 4/21/87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY: \_\_\_\_\_  
SEE APPROVAL IF ANY:

TITLE: \_\_\_\_\_

DATE: **APR 24 1987**

RECEIVED  
APR 23 1987  
OCD  
HOBBS OFFICE

100-40181

APR 23 1987  
HOBBS OFFICE