

COPIES RECEIVED		
TRIBUTION		
FE		
FILE		
U.S.G.S.		
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.	

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. <input type="checkbox"/> 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. 9
4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</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.) 3517' DF		12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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/bit & scraper. CO sand 3804-3812'.
Added perfs from 3707-3714' w/2 JSPF.
Treated these new perfs w/1500 gal 15% HCl acid.
Ran Baker AD-1 tension packer on 2-3/8" cement lined tubing.
Loaded annulus w/treated fresh water.
Set packer at 3646'.
Water injection to be in perforated interval 3707-3804'.
Work completed 12/28/73.

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

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: