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TRIBUTION

FE

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

FILE
S.G.S.
AND 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.)

OIL WELL ☒GAS WELL ☐OTHER ☐

Name of Operator

Atlantic Richfield Company

Address of Operator

P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.

7. Unit Agreement Name

Seven Rivers Queen Unit

8. Farm or Lease Name

9. Well No.

13

10. Field and Pool, or Wildcat

So. Eunice-7R/Q

15. Elevation (Show whether DF, RT, GR, etc.)

3479' GL

12. County

Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐REPAIR OR ALTER CASING ☐CHANGE PLANS ☐OTHER Convert to WIW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐

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.

In accordance w/NMOCC order no. R4584, we propose to convert this well to water injection service as outlined below:

Deepen well 11' w/4-3/4" bit from 3774' to 3785'.
Treat open hole 3774-3785' w/1500 gal 15% HCl acid.
Run Baker AD-1 tension packer on 2-3/8" tubing & set packer at about 3625'.
Load annulus w/treated fresh water.

Injection will be into perforated interval 3684'-3746' & O.H. section 3774'-3785'.

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

SIGNED

O.D. SretchesTITLE District Drlg. Supv.DATE 10/02/73

APPROVED BY

Supv.

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: