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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. 3
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 2080 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.		10. Field and Pool, or Wildcat So. Eunice-7 RQ
15. Elevation (Show whether DF, RT, GR, etc.) 3502.1 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 ☐
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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 & 5 1/2" casing scraper.
CO sand from 3746-3784' w/sand pump.
Ran Baker AD-1 packer on 2-3/8" cement lined tubing.
Set packer at 3656'.
Water injection will be in perforated interval 3714-3780'.
Work completed 12/29/73.
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 P.D. Bratches TITLE Dist. Drlg. Supv. DATE 1/2/74

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