O OF COPIES RECEIVED	7	Form C-103
		Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
SANTA FE		
FILE	- 「「「「「」」「「」」「「」」「「」」「「」」「「」」「「」」「「」」「「」	5a. Indicate Type of Lease
U.S.G.S.	-	State Fee.
LAND OFFICE	-	5. State Oil & Gas Lease No.
OPERATOR		
(DO NOT USE THIS FORM FOR PILICA		
1. OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Atlantic Richfield Company		J. L. Selby
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201		9. Well No. 4
		10. Field and Pool, or Wildcat
4 Logation of Well		
4. Location of Well D	660 North 660	South Eunice-7 R
	660 North 660	South Eunice-7 R
	FEET FROM THE LINE AND FEET F	South Eunice-7 R
D	FEET FROM THE LINE AND FEET F	South Eunice-7 R
	FEET FROM THE LINE AND FEET F	South Eunice-7 R
D UNIT LETTER	FEET FROM THE LINE AND FEET F TION TOWNSHIP 22-S RANGE 36-E NH 15. Elevation (Show whether DF, RT, GR, etc.) 3492 DF	South Eunice-7 R MPM. 12. County Lea
D UNIT LETTER	FEET FROM THE LINE AND FEET F 33 TOWNSHIP RANGE 36-E NH 15. Elevation (Show whether DF, RT, GR, etc.) 3492 DF Appropriate Box To Indicate Nature of Notice, Report or	South Eunice-7 R MPM. 12. County Lea
D UNIT LETTER	FEET FROM THE	South Eunice-7 R MPM. 12. County Lea
D UNIT LETTER	FEET FROM THE LINE AND FEET F 33 TOWNSHIP 22-S 36-E NH 15. Elevation (Show whether DF, RT, GR, etc.) 3492 DF Appropriate Box To Indicate Nature of Notice, Report or INTENTION TO: SUBSEQU	South Eunice-7 R MPM. 12. County Lea Other Data ENT REPORT OF:
D UNIT LETTER	FEET FROM THE	South Eunice-7 R MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING
D UNIT LETTER	FEET FROM THE	South Eunice-7 R MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT
D UNIT LETTER	FEET FROM THE	South Eunice-7 R MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT

Effective March 1, 1969, this well was shut in due to excessive salt water production. It will remain shut in and held for possible secondary recovery operations.

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

Original Signed signed O. D. Bretches	Dist. Drlg. Supervisor	DATE 3-3-69
APPROVED BY	TITLE	DATE