NO. OF COPIES RECEIVED		Form C-103 Supersedes Old	
DISTRIBUTION			C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-65
FILE	_		5a. Indicate Type of Lease
U.S.G.S.	_		State Fee X
LAND OFFICE	_		5. State Oil & Gas Lease No.
OPERATOR			
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 "NAPPLICATION FOR PERMIT -" (FOR WICH PROPOSALS.)			
1. OIL X GAS OTHER-			7. Unit Agreement Name Seven Rivers Queen Unit
WELL A WELL OTHER- 2. Name of Operator			8. Farm or Lease Name
Atlantic Richfield C	ompany	•	
3. Address of Operator			9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88240			37
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER 0 990 FEET FROM THE SOUTH LINE AND 2310 FEET FROM			So.Eunice-7RQ
THE East LINE, SECTION 34 TOWNSHIP 22S RANGE 36E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
3496' RKB			Lea ()
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
	K Appropriate Box 10 Indicate IN INTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
$\overline{}$		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING		OTHER	
OTHER CONVERT to WIW X			
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, includin	g estimated date of starting any proposed
In accordance w/NMOCoutlined below:	CC order No. R4589, we pro	pose to convert to wate	er injection service as
Squeeze cm Drill out o Run Baker l Load annul	ng. w/bit & scraper to 3740'. t perf 3521-3652' w/100 sx cmt & test w/1000#. Model AD-1 tension pkr on us w/treated fresh water. will be in OH 3751-3782' &	2-3/8" cmt lined tubing	
18 I hereby certify that the informal	tion above is true and complete to the best	of my knowledge and belief.	
Oll Xantal	/, _ \	District Drlg. Supv.	10/24/73
SIGNED YUUCK	TITLE		
	Samuel Sa		DATE