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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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Atlantic Richfield Company		
3. Address of Operator		9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88240		38
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM		So. Eunice-7RQ
THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3494.2 GR		Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

To prepare this well for water flood response we propose to squeeze perfs 3517-3578'. Deepen well to 3785'. Treat perfs 3606-3712' & open hole 3715-3785' w/4000 gal 15% HCl-LSTNE acid containing 1/10#/gal (400#) benzoic acid. Work to begin about 2/8/74.

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

SIGNED P.D. Dretches TITLE Dist. Drlg. Supv. DATE 1/15/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: