NO. OF COPIES RECEIVED		Form C-103			
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CON	NEW MEXICO OIL CONSERVATION COMMISSION		5	
FILE			F:		
u.s.g.s.		:	5a. Indicate Type o	of Lease Fee X	
LAND OFFICE			State		
OPERATOR			5. State Oil & Gas	Lease No.	
				mmm.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FOR C-101) FOR SUCH PROPOSALS.)					
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			7. Unit Agreement	7. Unit Agreement Name	
OIL X GAS OTHER-				Seven Rivers Queen Unit	
2. Name of Operator				8. Form or Lease Name	
Atlantic Richfield	Company				
3. Address of Operator	Company		9. Well No.		
P. O. Box 1710, Hobbs, New Mexico 88240			35	35	
4, Location of Well			10. Field and Pool	10. Field and Pool, or Wildcat	
UNIT LETTER M 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM			So. Eunice-	So. Eunice-7RQ	
UNIT LETTER 11 OUT FEET FROM THE BOUNT LINE AND FEET FROM					
THE West LINE, SECTION 34 TOWNSHIP 22S RANGE 36E NMPM.					
THE WEST LINE, SECTION 34 TOWNSHIP 225 TANGE 30E NMPM.					
	15. Elevation (Show whether	r DF, RT, GR, etc.)	12. County	MIIIII	
All			Lea		
16. Ch	neck Appropriate Box To Indicate	Nature of Notice Report	or Other Data		
	OF INTENTION TO:	-	UENT REPORT OF:		
1101102	o				
PERFORM REMEDIAL WORK $\widehat{\overline{X}}$	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AN	D ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		_	
_		OTHER			
OTHER COI	nvert to WIW X				
	(6)		1.1:		
17. Describe Proposed or Complework) SEE RULE 1103.	eted Operations (Clearly state all pertinent de	tails, and give pertinent dates, inc	:tuaing estimated date of st	arting any proposed	
In accordance w/NMOCoutlined below:	CC order No. R458 9 , we propo	ose to convert to wat	er injection ser	vice as	
POH w/rods & 1	tubing.				
Make trip w/b:	it & scraper.				
Run Baker Mode	el AD-1 tension packer on 2	-3/8" cmt lined tubin	g. Set pkr @ 36	50'.	
	w/treated fresh water.				
Injection will	l be in perf. interval 3715.	-3765'.			
	•				
		·			
	•				
18. I hereby certify that the infor	rmation above is true and complete to the best	of my knowledge and belief.			
ni L	+1)				
SIGNED V.L. DA	LEKIS) TITLE_	Dist. Drlg. Supv.	DATE 10/2	4/73	
	Cata Other of fact				
	Control of the part of				

Disk

CONDITIONS OF APPROVAL, IF ANY:

DATE