. C COPIES RECEIVED			Form C-103
TRIBUTION			Supersedes Old
∢T FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			Tuective 1-1-02
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gas Lease No.
h	1		2000
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.)			
11.			7. Unit Agreement Name
OIL GAS WELL OTHER-			Seven Rivers Queen Unit
2. Name of Operator			8. Farm or Lease Name
Atlantic Richfield Con	npany		
3. Address of Operator			9. Well No.
P. O.Box 1710, Hobbs, New Mexico 88240			39
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER M 660 FEET FROM THE South LINE AND 660			So. Eunice-7RQ
VAI. 62.168	FEET FROM THE	LINE AND FEET FR	VIIIIIIIIIIIIIII
THE West LINE, SECTION	35 22S	36E	
LINE, SECTION	ON TOWNSHIP	RANGENMF	». (
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
3507' RKB			Lea
16.	<del></del>		
Check	Appropriate Box To Indicate N	Nature of Notice, Report or (	Other Data
NOTICE OF IN	NTENTION TO:	SUBSEQUE	NT REPORT OF:
<b>6</b> 7		_	<u></u>
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHERCONVERT	to WIW X		
12 December December Complete			
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.			
In accordance w/NMOCC as outlined below:	order no. R4589, we pro	pose to convert to wate	er injection service
POH w/tubing.			
Make trip w/bit & scraper to 3850'.			
Add perfs 3665-3675' w/2 JSPF & acidize w/1500 gal 15% HCl-LSTNE acid.			
Run Baker Model AD-1 tension pkr & set @ 3630' on 2-3/8" cmt lined tubing.			
	treated fresh water.		
Injection will	be in perf interval 3668	5-3800'.	
		•	
18. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
	2		
DI Antil	,	igt Delg Com	10/04/
SIGNED WILLIAM	TITLE D	ist. Drlg. Supv.	

\_\_ DATE \_\_\_

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: