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# 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 ☒ Fee ☐

5. State Oil & Gas Lease No.

A-2614

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name McDonald State WN
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER M 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Jalmat-Yates
11. Elevation (Show whether DF, RT, GR, etc.) 3449' GL	12. County Lea

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Acid Job

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.

Work started on 11/14/73. Ran bit & CO salt, scale & sand to 3525' T.D. Treated OH 2947'-3525' w/1000 gal of 15% HCl acid. Ran 2-3/8" tubing to 3102'. On 24 hr test ending 11/27/73 well produced 562 MCFGPD. FTP 90#. Production prior to acid job was 126 MCFGPD.

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

SIGNED O.D. Bratches TITLE Dist. Drlg. Supv. DATE 12/4/73

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: