STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| 48. 8F CBPIES RECEIVED | 1 | | | |
|------------------------|---|--|--|--|
| POISTRIBUTION | | | | |
| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | 1 | | | |
| LAND OFFICE | 7 | | | |
| OPERATOR | 7 | | | |

OIL CONSERVATION DIVISION

| DISTRIBUTION | P. (| O. BOX 2088 | Form C-103 |
|--|---|--|--|
| SANTA PE | SANTA FE, | NEW MEXICO 87501 | Revised 10-1-78 |
| FILE | 4 | | Sa. Indicate Type of Lease |
| U.S.G.S. | | | State X Fee |
| OPERATOR | ┥ · | | 5. State Oil 6 Gas Lease No. |
| | . | | A-2614 |
| SUIND | RY NOTICES AND DEPORT | IS ON WELLS | |
| DO NOT USE THIS FORM FOR PR USE "APPLICA | RI NOTICES AND REPORT TOPOSALS TO DRILL OR TO DEEPEN OR TION FOR PERMIT - " FORM C-1011 | IS ON WELLS PLUG BACK TO A DIFFERENT ACSERVOIR. FOR SUCH PROPOSALS. | |
| | | TON JULY PROPUSACES.) | 7. Unit Agreement Name |
| WELL X GAS C | OTHER- | | The state of the s |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| ARCO Oil and Gas Company - Div of Atlantic Richfield Company | | | |
| . Address of Operator | | Atentield Company | McDonald WN State |
| P. O. Box 1710, Hobbs, | New Mexico 88240 | | 6 |
| . Location of Well | | | 10. Field and Pool, or Wildcat |
| В | 990 FEET FROM THE NO | 2210 | Jalmat Yates Gas |
| UNIT LETTER, | FEET FROM THE NO | DI LII LINE AND 2310 F | EET FROM Jaimal Tales Gas |
| East | 36 | 225 265 | |
| THE LINE, SECT | 10N 36 TOWNSHIP | 22S MANGE 36E | NMPM. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | 15 Flevation (Show to | hether DF, RT, GR, etc.) | |
| | 3427.8' 0 | | 12. County |
| | ************************************* | | Lea |
| Check | Appropriate Box To Indic | ate Nature of Notice, Report | or Other Data |
| NOTICE OF I | NTENTION TO: | SUBSE | QUENT REPORT OF: |
| \Box | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | H REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPHS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | |
| | | OTHER | Shut Well In X |
| OTHER | | _[_] | |
| | | | |
| work) SEE RULE 1103. | perations (Clearly state all pertine | ent details, and give pertinent dates, i | ncluding estimated date of starting any proposed |
| | | | |
| | • | | · |
| 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Closed tubing and casi | ng valves and shut we | ell in effective 5/06/87 | pending evaluation. |
| Final Report. | | | |
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| B. I hereby certify that the information | above is true and complete to the | best of my knowledge and halief | |
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| 1 | 71 | , · · · · · · · · · · · · · · · · · · · | |
| ENED KITIVEN D AM | MA TITLE | Area Prod Subt. | DATE5/29/87 |
| | 7 | | |
| ORIGINAL SIGNED BY J | | | •• |
| PROVED BY DISTRICT I SUPER | EVISOR TITLE | | DATE .!!N 1 1987 |