

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-229	
7. Unit Agreement Name	
8. Farm or Lease Name Seven Rivers Queen Unit	
9. Well No. 43	
10. Field and Pool, or Wildcat Langlie Mattix SR-GN	
12. County Lea	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW		7. Unit Agreement Name	
2. Name of Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company		8. Farm or Lease Name Seven Rivers Queen Unit	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 43	
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 23S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix SR-GN	
15. Elevation (Show whether DF, RT, GR, etc.) 3491' RKB		12. County Lea	

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

PERFORM REMEDIAL WORK <input 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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Return to Injection

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.

Well returned to injection 7/18/86. Final Report.

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

SIGNED Steven D. Smith TITLE Area Prod. Supt. DATE April 8, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 14 1987

CONDITIONS OF APPROVAL, IF ANY: