

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-229	

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- WIW		7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company - Div 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. 55
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>West</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>23</u> RANGE <u>36</u> NMPM.		10. Field and Pool, or Wildcat Langlie Mattix <i>7/10/87</i>
15. Elevation (Show whether DF, RT, GR, etc.) 3450'		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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Returned well 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 was returned to injection effective 3/10/87. Final Report.

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

SIGNED *Stan D. Smith*

TITLE Area Prod. Supt.

DATE 3/12/87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE MAR 16 1987

CONDITIONS OF APPROVAL, IF ANY: