

COPIES RECEIVED		
DISTRIBUTION		
NTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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.

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 type="checkbox"/> OTHER- WIW	7. Unit Agreement Name Seven Rivers Queen Unit
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 49
4. Location of Well UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>23S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix-7R0
15. Elevation (Show whether DF, RT, GR, etc.) 3483' GR	12. County Lea

16. 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 JOBS <input type="checkbox"/>	OTHER <u>Convert to WIW</u> <input checked="" type="checkbox"/>

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.

Ran 3-7/8" bit & casing scraper.
Ran Baker AD-1 tension packer on 2-3/8" cement lined tubing.
Loaded annulus w/treated fresh water.
Set packer at 3619'.
Water injection to be in perforated interval 3676-3744'.
Work complete 12/26/73.

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

SIGNED P.D. Satchel TITLE Dist. Drlg. Supv. DATE 1/3/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: