

OIL CONSERVATION DIVISION

P. O. BOX 2066

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

AS APPLIED TO LEASE
ESTABLISHMENT
SANTA FE
FILE
U.S.O.S.
LAND OFFICE
OPERATOR

3a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
157

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 ☐ GAS WELL ☐ OTHER- WIW	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company	Seven Rivers Queen
Division of Atlantic Richfield Company	8. Farm or Lease Name
3. Address of Operator	Seven Rivers Queen Unit
P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No.
4. Location of Well	45
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM	10. Field and Pool, or Wellcat
THE East LINE, SECTION 3 TOWNSHIP 23S RANGE 36E NMPM.	Langlie Mattix 7R Qn
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
3507' GR	Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

SI 3 days, shoot FL & obtain trtg fluid sample & fm oil sample for polymerization study. RU Halliburton & pump K-trol IV trtmt as follows: Establish inj rate w/2% KCL wtr, pump 250 gals 15% NEFE acid, 500 gals xylene, 25 bbls 6% KCL wtr, 6000 gals K-trol IV plus additives. SI for 5 days. Prod to return to inj & run profile. RU PU, install BOP, POH w/tbg & Pkrs. CO to 3830'. Perf add'l 7R Qn 3757-60', 3772-3785', 3790-3800' = 29 holes. RIH w/inflatable pkrs & 50' perf spacer, set pkrs, treat perfs 3662-73' w/2000 gals 15% NEA. SI 1 hr & swab. Move bottom pkr to 3805'. Inflate pkrs & treat perfs 3757-3800' w/4000 gals 15% NEA. SI 1 hr & swab back. POH w/pkrs & tbg. RIH w/inj assy & return all perfs to injection.

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

SIGNED Richard P. Lawrence TITLE Drlg. Engr. DATE 8/19/82

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: