. COPIES RECEIVED		
TRIBUTION		Form C-103
ſ FE	N=101=	Supersedes Old C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		THE
SUNDRY NOTICES AND REPORTS ON WELLS USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		
		7. Unit Agreement Name
WELL A WELL OTHER.		Seven Rivers Oueen Uni
2. Name of Operator		8. Form or Lease Name
Atlantic Richfield Company		
3. Address of Operator		9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88240		
4. Location of Well		45
UNIT LETTER A 660 FEET FROM THE NORTH LINE AND 660 FEET FROM		10. Field and Pool, or Wildcat
1	FEET FROM THE LINE AND FEET FROM THE	So Eurice 7RO
East	3 920	
LINE, SECTION	3 TOWNSHIP 23S RANGE 36E NMP	~ (
THE	15 Flourism (Classical Description	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
16.	3507' RKB	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT	TENTION TO: SUBSEQUEN	NT REPORT OF:
e	000020021	TREFORT OF:
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
	OTHER	
other Convert	to WIW X	
17. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, and give pertinent dates, including	as estimated date of starting and property
, and the state of starting any proposed		
In accordance w/NMOCC order no R4589 we propose to		
In accordance w/NMOCC order no. R4589, we propose to convert to water injection service as outlined below:		
POH w/tubing.		
Make trip w/bit & scraper to 3800'.		
Add Perfs 3646-3653' & 3662-73' w/2 JSPF.		
Acidize perfs 3646-3673' w/2000 gal 15% HCl-LSTNE acid.		
Run Baker Model AD-1 tension pkr on 2-3/8" cmt lined tubing. Set pkr @ 3600'.		
annulus w/treated fresh water.		
Injection will be in perforated interval 3646-3760'.		
18. I hereby certify that the information ab	ove is true and complete to the best of my knowledge and belief.	
	A the ocat of my knowledge and belief.	
1) () South		
SIGNED C. N. SYRUGE	Dist. Prod. Supv.	DATE10/30/73

CONDITIONS OF APPROVAL, IF ANY: