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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1506
7. Unit Agreement Name Seven Rivers Queen Unit
8. Farm or Lease Name
9. Well No. 47
10. Field and Pool, or Wildcat Langlie Mattix-7RO
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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- WIW
Name of Operator Atlantic Richfield Company		
Address of Operator P. O. Box 1710, Hobbs, New Mexico		
4. Location of Well		
UNIT LETTER C, 660 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 23S RANGE 36E NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)
3518' RKB

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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"/>	Convert to WIW <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.

Made trip w/4-3/4" 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 3636'.
Water injection to be in perforated interval 3698-3782'.
Work complete 12/12/73.

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

SIGNED W.D. Litcher TITLE Dist. Drlg. Supv. DATE 1/3/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: