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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 8 5 10 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. State Oil & Gas Lease No.
2. Name of Operator Atlantic Richfield Company		7. Unit Agreement Name
3. Address of Operator: P.O. Box 1978, Roswell, New Mexico 88201		6. Farm or Lease Name R. L. Brunson
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>4</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.		9. Well No. 5
15. Elevation (Show whether DF, RT, GR, etc.) 3450' GR		10. Field and Pool, or Wildcat Hare Simpson
12. County Lea		

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Casing Pressure Check

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.

On 8/25/69 checked surface, intermediate and oil string pressures. Gauge indicated all strings checked 0#. OK. Pressure check witnessed by Mr. John W. Runyan, NMOCC, and Mr. W. A. Spillman, ARCO representative.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>C. L. D. Hatcher</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>9-4-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>SEP 8 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		