

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- (Dual w/Blinberry)	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name R. L. Brunson
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 7
4. Location of Well UNIT LETTER O 700 FEET FROM THE South LINE AND 2125 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3425' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:



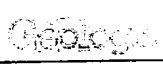
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Drinkard zone only <input 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.

On 9/4/75 rigged up, killed well & installed BOP. POH w/dual completion assembly. Set CIBP @ 6185'. Capped Drinkard w/6 sx cmt on top of CIBP. P&A Drinkard effective 9/7/75. New PBD 6135'.

Before final (future) plugging of well an additional 30' of cement will have to be placed on above C.T.B.P.

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

SIGNED 	TITLE Dist. Drlg. Supv.	DATE 9/22/75
APPROVED BY 	TITLE 	DATE
CONDITIONS OF APPROVAL, IF ANY:		