NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 ☐ Fee ☒

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.)

7. Unit Agreement Name

1. OIL WELL ☐ GAS WELL ☒ OTHER-

8. Farm or Lease Name
Ollie J. Boyd

2. Name of Operator
Atlantic Richfield Company

9. Well No.
2

3. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat
Blinebry Gas

4. Location of Well
UNIT LETTER D , 330 FEET FROM THE North LINE AND 400 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (*Show whether DF, RT, GR, etc.*)
3349' DF

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Perf, Acidize, Frac Treat & Recomplete ☒	

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 7/12/77 perf'd Blinebry Gas 5368, 72, 95, 5405, 19, 27, 36, 43, 48, 74, 5512, 26, 29, 80, 89, 98, 5605, 22, 27, 56, 69, 80' = 22 holes. New PBD 5736'. RIH w/pkr & 2-7/8" tbg, set pkr @ 5289'. Acidized perfs 5368-5680' w/3000 gals 15% NE acid. Frac'd Blinebry perfs 5368-5680' w/30,000 gals 2% gelled KCL wtr & 50,000# sd, flushed w/32 bbls KCL wtr. Opened well & swbd & flwd back to clean up. On 24 hr potential test 7/26/77 flwd Blinebry perfs 5368-5680', 0 BO, 0 BW & 2212 MCFG on 64/64" ck, FTP 230#.

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

SIGNED [signature] TITLE Dist. Drlg. Supt. DATE 7/27/77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: