

NEW MEXICO OIL CONSERVATION COMMISSION

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|--------------|--|--|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| 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.)

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|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Atlantic Richfield Company | 8. Farm or Lease Name Annie L. Christmas |
| 3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240 | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM. | 10. Field and Pool, or Wildcat Drinkard |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3397' DF | 12. County Lea |

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Operations started 8/21/73. Treated Drinkard perms from 6370-6473' w/500 gal 15% HCl & w/31,000# of 20/40 sand in 30,000 gal 9# brine. AIR 19.4 BPM @ 4100# down 2-7/8" tubing. On 24 hr test ending 9/11/73 pumped 81 BO & 65 BW + 454 MCF gas. Production before work-over was 37 BO, 56 BW & 100 MCF gas.

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

SIGNED C.D. SatchelTITLE District Drlg. Supv.DATE 9/14/73

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: