STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [ ] Fee [X]

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 [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: Seven Rivers Queen Unit

2. Name of Operator: ARCO Oil and Gas Company - Div. of Atlantic Richfield Company

9. Well No.: 59

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

10. Field and Pool, or Wildcat: Eunice 7R Qn South

4. Location of Well: UNIT LETTER H, 2575 FEET FROM THE North LINE AND 1275 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3502.9' 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 [ ]	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 Returned well to Production	[X]

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.

Well was shut in 6/27/86 pending evaluation. On 10/31/86 MIRU, POH w/rods & pump, hole in pump barrel. Drop SV & press tubing to 500#, held OK. RIH w/pump, treated well w/corrosion inhibited water & returned well to production 10/31/86. Final Report.

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

SIGNED Steven D. Smith TITLE Area Prod. Supt. DATE 11/12/86

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: