

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company	8. Farm or Lease Name Ollie J. Boyd
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER H, 1880 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Wantz Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3321.7' 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Completion Test <input checked="" 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 24 hr potential test 9/9/84 pmpd 24 BO, 47 BW, 373 MCFCG on 8 - 86" spm. Completed as single oilwell in Abo fm. Final Report.

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

SIGNED Elizabeth L. Bush TITLE Drlg. Engr. DATE 9/10/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 13 1984

CONDITIONS OF APPROVAL, IF ANY: