

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 ☐

5. State Oil & Gas Lease No.
B-229

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company	8. Farm or Lease Name Seven Rivers Queen Unit
3. Address of Operator Box 1610, Midland, TX 79702	9. Well No. 71
4. Location of Well UNIT LETTER <u>B</u> <u>1310</u> FEET FROM THE <u>North</u> LINE AND <u>2480</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>23S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix-SR-Gu-68
15. Elevation (Show whether DF, RT, GR, etc.) 3463.5 GR	12. County Lea

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Spud, surf csg and cmt ☒

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.

Spud 12-1/4" hole 8:30 AM 10-23-86. TD'd @ 300' @ 12:00 Noon 10-23-86. Ran 7 jts 8-5/8", 24#, K-55, STC csg and set @ 300'. Cmt'd w/400 sx "C". Circ cmt to surf. WOC. NU BOP. Press test to 1000#.

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

SIGNER Kenau Gosnell 915-688-5672
TITLE Engr. Tech. Spec. DATE 10-29-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: