

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 10-1-73

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL UP TO DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company	8. Farm or Lease Name B. Davis
3. Address of Operator P.O. Box 1710, Hobbs, N.M. 88240	9. Well No. #1
4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM West THE LINE, SECTION 34 TOWNSHIP 23S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, RT, GR, etc.) 3406' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER Inspection Compliance ☒

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.

Uncovered all Bradenheads and valves below ground level. All below ground valves were opened and connected to a valve above ground level. Surface-production annulus valves were marked with the abbreviation; SURF. The production-tbg annulus valves were marked with the abbreviation cgs. Abbreviations were stamped on the top wrench-hex of the above ground valves. All above ground valves were adapted for a pressure gauge.

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

SIGNED Rockey Shank

TITLE Asst. Foreman

DATE 8/7/80

APPROVED BY [Signature]

TITLE [Signature]

DATE                     

CONDITIONS OF APPROVAL, IF ANY: