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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Name of Lease Name B. Davis
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER M, 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 23S RANGE 36E N.M.P.M.		10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, RT, GR, etc.) 3406' DF		11. 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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Shut-in ☒

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.

The above well has been shut-in since 01/01/74. The well was shut-in because no water was available for injection. Agreement between Saxet Oil Corp. and Atlantic Richfield Co. is being negotiated presently to dispose of Saxet's produced water into this well. Water injection is proposed to begin within a 2 month period.

Expired
10/1/75

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

SIGNED [Signature] TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: