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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 -" (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 Atlantic Richfield Company	8. Farm or Lease Name B. Davis
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	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 23-S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, RT, GR, etc.) 3406' DF	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK <input checked="" 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 <input 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.

We propose to treat existing perforations in this well w/1000 gallons of 15% HCl acid in an attempt to increase injectivity rates.

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

SIGNED <u><i>D.D. Lutch</i></u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>3/18/70</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		