

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SALE PRICE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Name of Lease Holder John P. Combest WN
9. Well No. 3
10. Field and Pool, or without Langlie Mattix 7 R Q
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR INFORMATION TO BE USED IN THE FUTURE OR FOR DATA TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL OR EXTEND EXISTING WELL FOR DEEPER ZONES.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Atlantic Richfield Company

3. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER A 760 FEET FROM THE North LINE AND 600 FEET FROM
East LINE, SECTION 35 TOWNSHIP 23S RANGE 36E N.M.P.M.

11. Elevation (Show whether BP, RT, GR, etc.)
3334' GR

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

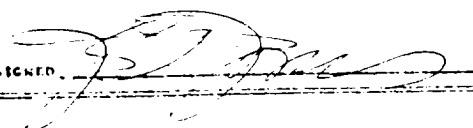
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐
PLUG AND ABANDON ☐ CHANGE PLANS ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ LM 7 R Q Zone Only ☐

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.

Rigged up on 11-30-76, killed well, installed BOP & POH w/CA. Cut 2-3/8" OD tbg @ 3484' & POH. Ran collar log 3497' - 2800'. RIH w/cmt retr & set retr @ 3460'. RIH w/tbg & stung into retr @ 3460', established pump in rate of 4 1/2 BPM @ 1300#. Pmpd 100 sx Cl C cmt cont'g 3% Halad 22 followed by 50 sx Cl C cmt cont'g 5# sd/sk. MP 1300#. PO of retr w/ stinger & rev out 5 sx cmt to pit. Langlie Mattix 7 Rivers Queen Zone 3486-3534' P&A eff: 12-5-76.

Recompletion to Jalmat Gas Zone reported separately on Form G-101.

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

SIGNED 	TITLE <u>Dist Drlg Supv.</u>	DATE <u>12-17-76</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		