A. O. CONDITION Supersedes Old DISTRIBUTION Santa FE FILE Image: Supersedes Old U.S.G.S. Image: Supersedes Old LAND OFFICE Image: Supersedes Old OPERATOR Image: Supersedes Old State Fee X S. State Old State State Fee X S. State Old State State Fee X S. State Old State State Fee X S. State Old & Gas Lease No. State Fee X S. State Old & Gas Lease No. State Fee X S. State Old & Gas Lease No. State State State Fee X S. State Old & Gas Lease No. State State Old & Gas Lease No. State OTHER- State OTHER- S. Name of Operator State Atlantic Richfield Company J.P. Combest Wn S. Address of Operator State P.O. Box 1710 - Hobbs, New Mexico 88240 2 Atland Pool, of Well 10. Field and Pool, of W		٦	. Form C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION Effective 14-65 FILE U.S.G.S. So. Indicate Type of Lease So. Indicate Type of Lease DPERATOR - SUNDRY NOTICES AND REPORTS ON WELLS So. Indicate Type of Lease IDD NOT USE THIS FORM FEW PROCESS TO A THE DEPORT OF DUC PROCESS TO A DIFFERENT RESERVOR. 7, Unit Agreement Name 1. State Oil 6 Gas Lease No. 1. State Oil 6 Company 7, Unit Agreement Name 2. Name of Operator B. Fam or Lease Hame J. P. Combest Wn 3. Address of Operator B. Fam or Lease Hame J. P. Combest Wn 3. Address of Operator 9, Well No. 2 4. Location of Well 0. Field Company 9, Worth 0. Field and Pool, or Wildent Langlie Mathtix 7 Rivers 1. Field and Pool, or Wildent Langlie Mathtix 7 Rivers 1. Field state Contact 35 "ownship 235 1. Field state Contact 35 "ownship 235 1. Elseventan (Show whether DF, RT, GR, etc.) 12, County 1. Elseventan (Show whether DF, RT, GR, etc.) 12, County 1. Fue mather of the state of the st	NO. OF COPIES RECEIVED		
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LAND OFFICE	U.S.G.S.		
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	TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JQB	PLUG AND ABANDONMENT
			in the of stating any proposed

work) SEE RULE 1103.

The above well was temporarily abandoned on March 10, 1971. The well was abandoned because it was uneconomical to produce. Plans are to stimulate to restore production during the 4th qtr , 1976.

Expires 10-1-76

DATE

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

TITLE _

SIGNED SI Ricks

TITLE ____ Dist Prod & Drlg Supt,

DATE 9-26-75

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: