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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.
7. Unit Agreement Name
8. Farm or Lease Name E.L. Steeler WN
9. Well No. 2
10. Field and Pool, or Wildcat Jalmat-Gas
12. County Lea

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- Dual Oil/Gas
2. Name of Operator Atlantic Richfield Company
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201
4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 23-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3323' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 temporarily abandon this shut-in dual well as follows:
Pull completion assembly; place DR plug in 415-D packer at 3350' and cap w/2 sx of cement; set CIBP at approximately 2800' and cap w/2 sx of cement; place 2000# WOG master valve on top of well. The well will be held for possible secondary recovery operations.

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

SIGNED <u>P.D. Bretches</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>3-5-70</u>
APPROVED BY <u>Leslie A. Clements</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		