

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name E.L. Steeler WN
3. Address of Operator P.O. Box 1710 - Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 23S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix 7 Rivers
15. Elevation (Show whether DF, RT, GR, etc.) 3324.4' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Shut-in <input checked="" 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.

The above well has been shut-in and date shut-in is unknown. The well was shut-in because it was uneconomical to produce. This well is off-setting Skelly Oil Co's. Myers Langlie Mattix Waterflood Unit - Holding for secondary response during the 4th qtr 1976.

Expires 10-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>SV Ricks</u>	TITLE <u>Dist Prod &amp; Drlg Supt</u>	DATE <u>9-26-75</u>
APPROVED BY <u>John L. ...</u>	TITLE <u>...</u>	DATE <u>...</u>
CONDITIONS OF APPROVAL, IF ANY:		