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HUEBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 28 11 34 AM '66

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 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 Melba Goins
3. Address of Operator P. O. Box 1978, Roswell, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER P , 990 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 23-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix-Queen
15. Elevation (Show whether DF, RT, GR, etc.)	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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER Acidize <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Treated perforations 3498-3554 w/1000 gallons 15% LSTNE acid. Pumped down 2-3/8" x 5-1/2" annulus. Displaced w/70 bbls lease crude. Production prior to acid job was 12 BOPD & 0 BW. Production after acid job, well pumped 10 BOPD, 2/10% BS&W.

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

Original Signed

SIGNED O. D. Bretches TITLE Dist. Drlg. Supervisor DATE 6-27-68

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: