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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 ☐ Fee ☒

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name W. B. Guthrie WN
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 23S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Jalmat-Yates
15. Elevation (Show whether DF, RT, GR, etc.) 3389' DF	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

11/7/73 - Treated perfs 3112-3454' w/8000# 20/40 sd & 2000# 10/20 sd in 10,000 gallons slick 9# brine containing 20#/1000 gal gel, 13 tons CO₂, 4 - 7/8" RCN ball sealers. ATP 1800 psi, ATR 36 BPM.

11/22/73 - Gas rate 900 MCFPD - Prior to frac, gas rate 380 MCFPD.

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

SIGNED L. Ray Knott TITLE Dist. Drlg. Supv. DATE 11/30/73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: