

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease:
State ☐ F.

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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Co.	8. Farm or Lease Name T.M. Lankford WN
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>23S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Wildcat Langlie Mattix 7 RO
15. Elevation (Show whether DF, RT, GR, etc.) 3341.8' GR	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒ Surface	

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.

Spudded 12¼" hole @ 12:01 a.m. 11-23-80. Finished 12¼" hole @ 6:45 p.m. @ 11-24-80. RIH w/ 8-5/8" OD 24# K-55 csg set @ 970', FC set @ 885'. Cmtd 8-5/8"OD csg w/400 sx C1 "C" Contg' 4% gel, 5# Gilsonite, ¼# celloflake/sk followed by 200 sx C1 "C" cmt Contg' ¼# celloflake/sk & 2% CaCl₂. PD @ 3:30 a.m. 11-25-80. Cmt circ to surf. Circ 180 sx cmt to pit. WOC 31¼ hrs. Press tested csg to 1000# for 30 mins, OK. Commenced drlg 7-7/8" hole @ 2:00 a.m. 11-26-80.

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

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 12-1-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: