

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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- 2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company 3. Address of Operator P.O. Box 1710, Hobbs, N.M. 88240 4. Location of Well UNIT LETTER I 1980' FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 23S RANGE 36E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3330.5' GR	7. Unit Agreement Name 8. Farm or Lease Name J.P. Combest WN 9. Well No. #5 10. Field and Pool, or Wildcat Langlie Mattix 7R Queen 12. County Lea
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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 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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Test & Complete

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.

On 5/20/81 ran 2" X 1 1/4" X 12' HF Type RWTC pump on rods. On 24 hr. potential test 6/11/81 pmpd Seven Rivers Queen perfs 3400-3638' 0 BO, 5 BW, 637 MCFG. New gas well in oil pool. Final Report.

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

SIGNED D.D. Schmidt TITLE Dist. Drlg. Supt. DATE 6/12/81

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: Dist. L. S.