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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 ☐		5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		7. Unit Agreement Name
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 N.M.P.M.		8. Farm or Lease Name John P. Combest 2/7
15. Elevation (Show whether DF, RT, GR, etc.) 3330.5' GR		9. Well No. 5
12. County Lea		10. Field and Pool, or Wellbore Langlie Mattix 7R Qn

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☒
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☒ Surface
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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 12 1/4" hole @ 8:30 PM 11/13/80. Drld to 1004'. RIH w/ 8-5/8" OD 24# K-55 csg, set @ 1004'. FC @ 909'. Cmtd 8-5/8" OD csg w/ 450 sx Cl "C" cmt cont'g 4% gel, 5# Gilsonite/sx, 1/4# Celloflake/sk followed by 200 sx Cl "C" cmt cont'g 1/4# celloflake/sk, 2% CaCl₂. Plug down @ 8:00 PM 11/15/80. Circ 180 sx cmt to surface. Cmt circ to surface. WOC 19 1/2 hrs. Pressure tested csg to 1000# for 30 mins, OK.

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

SIGNED James J. Schmitt TITLE Dist. Dirg. Supt. DATE 11/18/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: