

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.G.S.               |  |
| LAND OFFICE            |  |
| OPERATOR               |  |

HOBBS OFFICE D. C. C.  
 NEW MEXICO CONSERVATION COMMISSION  
 SEP 12 9 59 AM '69

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 - A" (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<br>Atlantic Richfield Company  | 8. Form or Lease Name<br>Charles T. Bates WN           |
| 3. Address of Operator<br>P.O. Box 1978, Roswell, New Mexico 88201   | 9. Well No.<br>1                                       |
| 4. Location of Well<br>UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Langlie Mattix-Queen |
| 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County<br>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"/> | 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"/> Shut in well |

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.

This well was shut in on September 1, 1969 and will be held for possible secondary recovery possibilities. Please remove this well from the proration schedule.

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

SIGNED [Signature] TITLE Dist. Drlg. Supervisor DATE 9-11-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE SEP 15 1969  
 CONDITIONS OF APPROVAL, IF ANY: