NO. OF COPIES RECEIVED	_		Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gas Lease Nc.
SUND (do not use this form for puse theft)	DRY NOTICES AND REPORTS ON ROPOSALS TO DRILL ON TO DEEPEN OR PLUG BATION FOR STOR C-1011 FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
I. OIL X GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8, Parm or Lease Name
Atlantic Richfield Company			William H. Harrison A W
3. Address of Operator			9. Well Nc.
P. O. Box 1710, Hobbs, New Mexico 88240			2
4. Location of Well			10. Field and Pool, or Wilacat
UNIT LETTER D,	660 FEET FROM THE North	LINE AND660 FEET FR	M Langlie Mattix
THE West LINE, SEC	TION 29 TOWNSHIP 24	IS RANGE 37E NMF	HIIIIII **
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	329	00'GR	Lea
^{16.} Check	Appropriate Box To Indicate N	ature of Notice, Report or (Other Data
	INTENTION TO:	•	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER Shut-in	
OTHER			
••••••••			

~~~

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 1703.

The above well was shut-in on June 1, 1967. The well was shut in because it was uneconomical to produce. This well is being held for additional secondary recovery study during the 4th quarter of 1975.

Expires 10/1/15

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

· .

| SIGNED                                                                                           | TITLE Dist. Prod. & Drlg. Supt | DATE October 31, 1974 |
|--------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|
| APPROVED BY Orig. Signed by<br>Joe D. Ramey<br>Dist. I, Supva<br>CONDITIONS OF APPROVAL, IF ANY: | T I T L E                      | DATE                  |