NO. OF COPIES RECEIVED			Form C-103
			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.		:	5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
· · · · · · · · · · · · · · · · · · ·			157
DO NOT USE THIS FORM FOR PUSE "APPLIC	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG ATION FOR PERMIT -" (FORM C-101) FOR SU	WELLS BACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.)	
1.			7. Unit Agreement Name
WELL WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Atlantic Richfield Company			State 157 "E"
3. Address of Operator			9. Well No.
P. O. Box 1978, Roswell, New Mexico88201			7
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER G 2310 North 2310			
UNIT LETTER G ,2310 FEET FROM THE North LINE AND 2310 FEET FROM			Jalmat Gas
East	32 24-	S 37-E	
THE East LINE, SECTION 32 TOWNSHIP 24-S RANGE 37-E			• (111111111111111111111111111111111111
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
16.	3251' GR		Lea
Check	Appropriate Box To Indicate N	lature of Notice, Report or O	ther Data
NOTICE OF I	NTENTION TO:		IT REPORT OF:
`			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
		OTHER Acidize	<b>K</b> -1
OTHER	· [7]		[1]
17, Describe Proposed or Completed O	perations (Clearly state all pertinent day	1 7	and the second

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.

Treated well down tubing thru perfs 2995-3028' w/1000 gallons 15% LSTNE acid. Swabbed back load and opened well to sales line. Producing at rate of 80 MCFGD. January production = 1488 MCFG, February production = 2780 MCFG. Work performed 3/2/73.

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

SIGNED_U.L. Dhetches	TITLE Dist. Drlg. Supervisor	DATE 3/28/73
APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: