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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR NOTICES TO OIL AND GAS LEASES OR FOR NOTICES TO THE PUBLIC RESERVE.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Atlantic Richfield Company

Address of Operator  
P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER C 330 FEET FROM THE North LINE AND 1650 FEET FROM

THE West LINE, SECTION 14 TOWNSHIP 25-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3129 GR

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Date

8. Form or Lease Name

Stuart A WN

9. Well No.

1

10. Field and Pool, or Wildcat

Langlie Mattix SRQ

12. County

Lea

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT 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 Casing Leak Survey ☒

OTHER ☐

7. 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.

7-12-77 cellar was dug out to expose the outlets of braden head from the first string of pipe cemented in the well and all subsequent heads, including the tubing head. The surface and casing was piped to ground level with 2" pipe. The surface and casing valves were stenciled "Sur." and "Csg.". The above work was performed in accordance with NMOCC letter dated 7-8-77. Work was inspected by Eddie Seay with NMOCC on 8-9-77.

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

SIGNED Eddie Seay

TITLE Sr. Dist. Prod. Supvr.

DATE 8-17-77

APPROVED BY Eddie Seay

TITLE OIL & GAS INSPECTOR

DATE AUG 24 1977

CONDITIONS OF APPROVAL, IF ANY: