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NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.]		5a. Indicate Type of Lease State X Fee
LAND OFFICE			State X Fee 5. State Oil & Gas Lease No.
OPERATOR			B 11478
			B 11470
DO NOT USE THIS FORM FOR PRI	RY NOTICES AND REPORTS ON A	WELLS CK to a different reservoir. (proposals.)	
			7. Unit Agreement Name
OIL GAS WELL	OTHER.		
2. Name of Operator			8, Farm or Lease Name
Atlantic Richfield Company			StateY
3. Address of Operator			9. Well Nc.
P. O. Box 1710, Hobbs, New Mexico 88240			6
4. Location of Well			10, Field and Pool, or Wildcat
UNIT LETTER H 1650 FEET FROM THE North LINE AND 660 FEET FROM			Justis Montoya
UNIT LETTER	FEET FROM THE		
Feat	25	BANCE 37E NMPM.	ΔΗΗΗΗΗΗΗΗΗΗΗΗΗ
THE East LINE, SECTION 25 TOWNSHIP 25S RANGE 37E NMPM.			VIIIIIIIIIIIIIIIIIIIIII
	15. Elevation (Show whether I	DF, RT, GR, etc.)	12. County
	3065.	5'GR	Lea Allilii
¹⁶ . Check	Appropriate Box To Indicate N	ature of Notice. Report or Ot	her Data
	INTENTION TO:	SUBSEQUEN	T REPORT OF:
NOTICE OF 1			
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JQB	
PULL OR ALTER CASING		OTHERShut-in	X
07.45 P			
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 1103.

The above well was shut-in on April 1, 1974. The well developed a tubing leak and was uneconomical to pull and repair. Plans are to workover both Justis-Montoya and Justis Blinebry zones during the 4th quarter 1974. OCC approval to workover the Montoya is dated September 6, 1974.

Expires 10/1/75

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 <u>October 31, 1974</u>
Orig, Signed by Joe D. Raciey		DATE
CONDITIONS OF APPROVAL, IF ANY:	TITLE	