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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-11478

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> ** GAS WELL <input type="checkbox"/> OTHER **Dual: Blinebry/Montoya	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name State "Y"
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	9. Well No. 6
4. Location of Well UNIT LETTER H 1650 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Justis-Montoya
15. Elevation (Show whether DF, RT, GR, etc.) 3077' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Acidize** ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On 2/15/68 acidized Montoya perforations 6915-74 down 2" tubing w/5000 gallons 15% HCl acid. AIR=6.4 BPM @ 1800#. ISITP=1100#. Swabbed back acid water load. Placed well on hydraulic pump and returned to production on 2/17/68. Dual tubing strings were not pulled or altered.

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

Original Signed
SIGNED **O. D. Bretches** TITLE **Dist. Drlg. Supervisor** DATE **3/12/68**
APPROVED BY **Joel D. Ames** TITLE **Asst. Dir.** DATE **3/12/68**
CONDITIONS OF APPROVAL, IF ANY: