| | ٦ | | |
|---|--|---|---|
| SO. OF COPIES RECEIVED | 4 | | Form C-103 Supersedes Old |
| DISTRIBUTION | NEW NEW ICO 211 CONST | WATION COMMISSION | C-102 and C-103 |
| SANTAFE | NEW MEXICO OIL CONSER | RVATION COMMISSION | Effective 1-1-65 |
| FILE | | | 5a. Indicate Type of Lease |
| U.S.G.S. | - | | State X Fee. |
| LAND OFFICE | - | | 5. State Oil & Gas Lease No. |
| OPERATOR | | | 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.) | | | |
| USE "APPLICA | | | 7. Unit Agreement Name |
| OIL SAS WELL 2. Name of Operator | OTHER. *Dual: Blinebry | y/Montoya | 8. Farm or Lease Name |
| Atlantic Richfield Company | | | State "Y" |
| 3. Address of Operator P. O. Box 1978, Roswell, New Mexico | | | 9. Well No. |
| 4. Location of Well | | | 10. Field and Pool, or Wildcat |
| UNIT LETTER H | 1650 FEET FROM THE North | LINE AND FEET FROM | Justis-Montoya |
| ļ | 25 25-6 | 37-E | |
| THE East LINE, SECTION 25 TOWNSHIP 25-S RANGE 37-E NMPN | | | |
| mmmm | 15. Elevation (Show whether Di | F. RT. GR, etc.) | 12. County |
| | 3077' DF | , , , , , , | Lea |
| | 111111 | ture of Notice Pepert of Ot | her Data |
| | Appropriate Box To Indicate Na INTENTION TO: | | T 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 JQB | |
| · | | OTHER | |
| OTHER ACIDIZE | X | | |
| 17 Describe Proposed or Completed | Operations (Clearly state all pertinent detail | ls, and give pertinent dates, including | g estimated date of starting any proposed |
| work) SEE RULE 103. | Cporditions (evens, sense | | |
| declined to a | om Montoya perforation pproximately 22 BOPD a perforations w/5000 g crease production. Duered. | nd 4 BWPD. We propagations 15% HCl acid | pose to d in an |
| 18. I hereby certify that the informat | ion above is true and complete to the best of | f my knowledge and belief. | |
| Original Signed | Di ai | - Drla Cunarvicar | 2/6/68 |
| O. D. Bretches | TITLE | . Drlg. Supervisor | DATE |
| Just 1 | | k i dili 🚧 🎉 | FFE) |
| APPROVED BY | TITLE | | UATE |
| CONDITIONS OF APPROVAL, IF A | NT: P | | |