5	'Alt	: Ur	MEAA	MICYICO
ENEPGY	ONA	MINI	ERALS	DEPARTMENT

NO. OF COPIED ACCEIVED	Τ.	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		L
OPERATOR		·

OIL CONSERVATION DIVISI. 1

DISTRIBUTION	P. O. BOX 2088	Revised 10-1-78
SANTA FE	SANTA FE, NEW MEXICO 87501	KE\$12EU 10-1-70
PILE	•	5a. Indicate Type of Lease
U.S.G.S.		State Foo X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR	·	0, 3, 3, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
		mmmmmh
IND NOT USE THIS FORM FOR PROPO	NOTICES AND REPORTS ON WELLS	RVOIR.
USE "APPLICATION	FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
. OIL [] 6A9 []		7, Unit Agreement Name
were L.J. were IX.J.	OTHEN-	
Name of Operator ARCO Oi	il & Gas Company	8. Farm or Lease Name
Divisio	W.H. Harrison "C" WN	
. Address of Operator		9. Well No.
P.O. Bo	ox 1710, Hobbs, NM 88240	5
, Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER K 17	700 FEET FROM THE South LINE AND 1686	Jalmat Yates 7 R Gas
West	20 TOWNSHIP 24S RANGE 37E	ямрм. (()))))))))))))))
the the, section	· · · · · · · · · · · · · · · · · · ·	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3286' DF	Lea
	propriate Box To Indicate Nature of Notice, R	-
NOTICE OF INT	ENTION TO:	UBSEQUENT REPORT OF:
—		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
"EMPORARILY ABANDON	COMMENCE DRILLING OP	NO. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMEN	apt Ti
	OTHER	
OTHER Dual present Jalu		and the second of the second o
	Mattix Oil	
work) SEE RULE 1103.	ations (Clearly state all pertinent details, and give pertinent d	ates, including estimated date of starting any proposed
·		•
1 Die 1.21111 d		
	nstall BOP, POH w/comp. assy.	
	3610'. Run Carbon/Oxygen log to 3400'-3	3610'.
	attix 7 R Qn selectively fr logs.	
	00 gals 15% HCL NE. Swab test.	
5. RIH w/sliding sleeve	e and pkr on 2-3/8" OD tbg. Set pkr ab	oove L-M perfs. Close sliding
	lmat Gas thru 2-3/8" X 5-1/2" annulus &	L-M oil thru 2-3/8" tbg.
Dual Oil/Gas well.		
	•	•
•		
•		
		· · · · · · · · · · · · · · · · · · ·
•		•
s. I hereby certify that the information ab	ove is true and complete to the best of my knowledge and belie	er.
	9	
16MED W. M. Strangel	Title Dist. Drlg. Supt	DATE 4-8-81
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Distributed to the second seco	
PPROVED BY	TITLE	PATE 1