

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ For ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERF OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. GIL WELL ☐ GAS WELL ☒ OTHER:	7. Unit Agreement Name
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company	8. Farm or Lease Name W. H. Harrison "C" WN
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER K 1700 South 1680 West 20 24S 37E TWP LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Whicat Langlie Mattix Qn
11. Elevation (Show whether DF, RT, GR, etc.) 3286' DF	12. County Lea

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 ☐	CHANGE PLANS ☒	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER Squeeze cmt L-M, perf add'l Jalmat acidize & comp as single gas well ☐	CASING TEST AND CEMENT JOBS ☐	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.

Propose to squeeze cmt the Langlie Mattix Oil Zone complete as single Jalmat Gaswell to comply w/OCD letter from Mr. Jerry Sexton dated 7/28/80.

1. Set cmt retr @ 3441'. Cmt squeeze Langlie Mattix perfs 3451-3553' w/200 sx Cl "C" cmt w/ 2% CaCl.
2. Perf add'l Jalmat 2926-3326', acidize new perfs w/ 3000 gals 15% HCl & frac w/ 40,000 gals gelled wtr & CO2, 54,000# sd, 800# rock salt. CO & test. Return to prod in Jalmat Yates perfs 2926-3326' & 3401-3416' as single gaswell.

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

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 10/29/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: