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 [ ] Fee [X]

5. State Oil & Gas Lease No.

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name: W. F. Hanagan

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240

9. Well No.: 5

4. Location of Well: UNIT LETTER N, 760 FEET FROM THE South LINE AND 2080 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 25S RANGE 36E NMPM.

10. Field and Pool, or Wildcat: Jalmat Yates

15. Elevation (Show whether DF, RT, GR, etc.): 3150.6' GR

12. County: Lea

16. 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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Cmt Squeeze, Perforate Lower, Acidize, Frac & Complete [X]		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.

1. Rig up, install BOP.
2. RIH w/cmt retr, set retr @ 2668'.
3. Squeeze cmt perfs 2710-2970' w/150 sx Cl C cmt w/5# sd/sk, ¼# flocele/sk followed by 150 sx Cl C cmt w/2% CaCl. WOC.
4. Drill out cmt & cmt retr, clean out to 3051'. Press test squeeze job to 1000# for 30 mins.
5. Spot acid, perforate Jalmat 2992, 97, 3002, 13, 16, 27, 31, 34, 39, 42' (10 shots).
6. RIH w/pkr, set pkr @ 2981', acidize perfs w/750 gals 15% HCL acid.
7. Frac treat w/8000 gals Versagel, 10,000# sd, 87,620 SCF N_2. Swab & flow back load. Test for production.

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

SIGNED [signature] TITLE Dist. Drlg. Supt. DATE 5/8/80

APPROVED BY [signature] TITLE [ ] DATE MAY 16 1980

CONDITIONS OF APPROVAL, IF ANY: