Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-04225
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

BYRD GAS COM

2. Name of Operator
ARCO Oil and Gas Company

8. Well No.
5

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

9. Pool name or Wildcat
EUMONT YATES SEVEN RVS QN

4. Well Location
Unit Letter **E** : **1650** Feet From The **NORTH** Line and **330** Feet From The **WEST** Line

Section **11**   Township **20 S**   Range **36 E**   NMPM **LEA**   County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3594 GR

11. **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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: _____ ☐		OTHER: _____ ☐	

12. 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.

TD 3900, PBD 3675, PERFS 2603 - 3664

REMOVE RBP THAT WAS SET AT 3055, CLEAN OUT TO PBD, RUN CA WITH SN AT 3611, AND RETURN TO
PRODUCTION.

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

SIGNATURE _____   TITLE OPERATION COORDINATOR   DATE 12/14/93

TYPE OR PRINT NAME JAMES COGBURN   TELEPHONE NO. 391-1600

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____   TITLE _____   DATE DEC 16 1993

CONDITIONS OF APPROVAL, IF ANY: