Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

105

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

das

District Office	,			2401242 2 2 07	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	L CONSERVATION P.O.Box 2088	DIVISION	WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			30-025-24079		
			5. Indicate Type		
			STATE FEE		
1000 NO BIEZOS RG., AZIOC, 1111 07410			6. State Oil & G	as Lease No.	
SLINDRY NOTICES	S AND PEPOPTS ON WI				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			/. Lease Name (	or Unit Agreement Name	
1. Type of Well	FOR SUCH PROPOSALS.)	<del></del>	Byers /B/		
OIL GAS WELL  2. Name of Operator	OTHER		8. Well No.		
Amoco Production Company	(Poom 19 110)			24	
3. Address of operator				34	
-	<del>-</del>			9. Pool name or Wildcat	
4. Well Location	77200-0092		<u> </u>	Hobbs Drinkard	
Unit Letter B : 713 F	Feet From The North	Line and 18	40 Feet From	n The East Line	
				LineLine	
Section 4 T	ownship 19-S Ra	nge 38-E N	IMPM	Lea, NM County	
	10. Elevation (Show whethe	r DF, RKB, RT, GR, etc.)			
3631' RDB					
11. Check Approp	riate Box to Indicate N	ature of Notice, Re	port, or Othe	er Data	
NOTICE OF INTENT			BSEQUENT RI		
PERFORM REMEDIAL WORK PLU	JG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	ANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT	
				, tod AND ADAMOUNTED	
PULL OR ALTER CASING CASING TEST AND CEN			MENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operations	40T 1				
work.) SEE RULE 1103. In accordance with Rule 704, the attache 30 minutes. (Well returned to T&A status	d pressure test was performed				
		•			
		s Approval a <b>Abandan</b> meet Exp	f Temporar, tres	4-1-99.	
I hereby certify that the information above is tr	ue and complete to the best of my	knowledge and belief.	<del></del>		
SEGNATURE A DEVINA M. ()	) him -	TIE Staff As	sistant	04-04-94	
pro-	TI	пь		DATE	
TYPE OR PRINT NAME	Devina M. Princ	:0		TELEPHONE NO. (713) 386-7686	
(This space for State If a)				•	
(This space for State Use)		ORIGINAL SIGNED	SY SERRY CEN	TON	
A DBD OVED BY		DISTRICT .	SUPERVISOR	APR 11 1904	
APPROVED BY	TI	TLE -		DATE	



