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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

50. Indicate Type of Lease  
State  Fee

51. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERM OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - FORM C-1011 FOR SUCH PROPOSALS.)

1.  OIL WELL  GAS WELL  OTHER

2. Name of Operator  
W. K. Byrom

3. Address of Operator  
Box 147 - Hobbs, N. M. 88240

4. Location of Well  
UNIT LETTER K 1650 FEET FROM THE South LINE AND 1650 FEET FROM  
THE West LINE, SECTION 19 TOWNSHIP 25S RANGE 38E N.M.P.M.

7. Unit Agreement Name

8. Form or Lease Name  
Buffington

9. Well No.  
1 4

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)  
3090 GL

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

5-24-76: Would like to hold this well for possible injection well for secondary recovery.

TA: 3-1-63

*Expire 10/1/76*

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

SIGNED R.R. Anderson TITLE Office Mgr. DATE 5-24-76

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: