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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

5a. Indicate Type of Lease
State Fee

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator W. K. Byrom	7. Unit Agreement Name
3. Address of Operator Box 147 - Hobbs, N. M. 88240	8. Farm or Lease Name J.H. Williams
4. Location of Well UNIT LETTER N 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 19S RANGE 37E N.M.P.M.	9. Well No. 3
	10. Field and Pool, or Wildcat Eumont Queen (Gas)
15. Elevation (Show whether DF, RT, GR, etc.)	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 JOB <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.

10-22-74: Salt section charged with 1600 lbs pressure and collapsed 7" pipe. As a result the well was damaged beyond repair.
Will attempt to re-enter September, 1975.

Expires 10/1/75

TA: September, 1967

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 10-22-74

APPROVED BY Joe D. Finney TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: