NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		11 PEE
U.S.G.S.	public al of	Sa. Indicate Type of Lease
LAND OFFICE		State A Fee
OPERATOR		5. State Oil & Gas Lease No.
-		K-596
(DO NOT USE THIS FORM FOR PROP USE "APPLICATION	(NOTICES AND REPORTS ON WELLS osals to drill or to deepen or plug back to a different reservo on for permit	IR
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER.	
2. Name of Operator	8. Farm or Lease Name	
W. K. Byrom	State A	
3. Address of Operator		9. Well No.
	abba New Mariao 88260	1
4. Location of Well	obbs, New Maxico 88240	10. Field and Pool, or Wildcat
P 6	60 FEET FROM THE South LINE AND 660	FEET FROM
UNIT LETTER		
THE	108 RANGE 36E	ммрм. (()))))))))))))))))))))))))))))))))))
THE LINE, SECTION		
	12. County	
	Lea	
^{16.} Check A	ppropriate Box To Indicate Nature of Notice, Rep	ort or Other Data
NOTICE OF IN	-	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT J	<u>ав</u>
	OTHER	[********************************
OTHER		
17 Describe Dranaged or Completed Op	erations (Clearly state all pertinent details and give pertinent date	s, including estimated date of starting any proposed

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.

7-26-66: Pumped 20 sacks cement plug to bottom of 2-7/8" casing to cover perforation from 4898 to 4912. Squeezed about 10 sacks into perforations. Displaced the plug with brine water and mud. Shot the casing off at 1116' and placed a 25 sack plug to cover the stub. Put a 25 sack plug in the bottom of the 8-5/8" casing and a 10 sack plug and 4" x 6' marker in the top of the surface casing. The well was filled to the top with 10# brine water and drilling mud. Anchors will be removed and pit back filled.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNED UUBypom	TITLE	eologist	DATE	8-5-66		
	: •					
APPROVED BY	TITLE	÷	DATE	· •		
CONDITIONS OF APPROVAL, IF ANY:						