

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 33407
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Byers
2. Name of Operator Browning Oil Company, Inc.	8. Well No. 1
3. Address of Operator P. O. Box 686, Giddings, Texas 78942	9. Pool name or Wildcat Wildcat Abo
4. Well Location Unit Letter <u>C</u> : <u>995</u> Feet From The <u>North</u> Line and <u>1932</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>16 South</u> Range <u>39E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3,685'</u> RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Completion & Testing ☒

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.

See attached sheet detailing operations

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

SIGNATURE Betty Petzold TITLE Prod. Technician DATE 11/12/97
TYPE OR PRINT NAME Betty Petzold (409) 542-3144
TELEPHONE NO.

(This space for State Use)

APPROVED BY DISTRICT II SUPERVISOR TITLE _____ DATE DEC 23 1997

CONDITIONS OF APPROVAL, IF ANY: