

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Bureau of Geology, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.)

7. Lease Name or Unit Agreement Name Byers
8. Well No. 1
9. Pool name or Wildcat Wildcat Abo

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Browning Oil Company, Inc.

3. Address of Operator
P. O. Box 686, Giddings, Texas 78942

4. Well Location
Unit Letter C : 995 Feet From The North Line and 1932 Feet From The West Line
Section 29 Township 16 South Range 39E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3671' GR

11. 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 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"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 10/22/97
TYPE OR PRINT NAME Betty Petzold TELEPHONE NO. (409) 542-3144

(This space for State Use)
ORIGINAL SIGNED BY: AMIS
DISTRICT SUPERVISOR

APPROVED BY: _____ TITLE: _____ DATE: DEC 23 1997

CONDITIONS OF APPROVAL, IF ANY: