

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30770
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Byers 12L
8. Well No. 1
9. Pool name or Wildcat Humble City Strawn, South

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 ☐ GAS WELL ☐ OTHER Dry Hole

2. Name of Operator  
Nearburg Producing Company

3. Address of Operator  
P. O. Box 823085, Dallas, Texas 75382-3085

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 810 Feet From The West Line  
Section 12 Township 17S Range 37E NMPM Lea County  
10 Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,733.2' GR

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: ☐

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.

Plug and abandon as follows:

Plug #1 - 35 sx. 7,000' to 6,900'.  
Plug #2 - 35 sx. 4,750' to 4,650' (stub plug).  
Plug #3 - 35 sx. 2,100' to 2,000'.  
Plug #4 - 10 sx. 30' to surface.

Install dry hole marker and restore location.

Note: Procedure verbally approved by Mr. Paul Kautz (NMOCD Hobbs) on  
5-5-92.

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

SIGNATURE Eddie J. Gelwick TITLE Operations Coordinator DATE May 5, 1992

TYPE OR PRINT NAME Eddie Gelwick

TELEPHONE NO. 214-739-1777

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 13 '92

CONDITIONS OF APPROVAL, IF ANY: