

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name W. P. Byrd
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>20S</u> RANGE <u>36E</u> NMPM.		10. Field and Pool, or Wildcat Eunice Monument Grbg SA
15. Elevation (Show whether DF, RT, GR, etc.) 3585' GR		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 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"/>	OTHER <u>Return to production</u> <input checked="" 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.

During the month of December, 1974 this well was restored to production by running pump and rods. On 24 hr test mmpd 23 BO & 15 BW, 31 MCFGPD. GOR 1348:1.

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

SIGNED H. J. Bernad TITLE Dist. Drlg. Supv. DATE 12/11/74
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: