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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 William 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 SA Eunice Monument Grayburg
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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Shut-in

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.

This well was shut-in during the month of June, 1973. The well was shut-in for failure to flow. Remedial work has been planned to restore well to production during the 4th quarter of 1975.

Expires 10/1/75

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

SIGNED [Signature] TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

APPROVED BY [Signature] TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

CONDITIONS OF APPROVAL, IF ANY: