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 Office			•
DISTRICT I	OIL CONSERVATION		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St. Santa Fe, NM 87505		30-025-04225
P.O. Drawer DD, Artesia, NM 88210	Sulta I Cy I VIII		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			
	OPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A ERMIT"	7. Lease Name or Unit Agreement Name BYRD GAS COM
1. Type of Well: OIL WELL GAS WELL	OTHER		
Name of Operator ARCO Permian			8. Well No. 5
3. Address of Operator P.O. Box 1089 Eunice, NM 8	3231		9. Pool name or Wildcat EUMONT YATES SRQ GAS
4. Well Location Unit Letter E: 1650	Feet From TheN	Line and 33	60 Feet From The W Line
Section 11	Township 20S R	ange 36E	NMPM Lea County
	10. Elevation (Show whet	her DF, RKB, RT, GR, etc	c.)
(/////////////////////////////////////	//////A	3594' GR	ico Roport or Other Data
NOTICE OF INT			ice, Report, or Other Data
	W		
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB L
OTHER:		OTHER:	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perationsClearly state all pertinent d	etails, and give pertinent	dates, including estimated date of starting any propo
Perf 7" csg @ 1287' GIH & spot cmt plug insi shoe & top of salt).	2503' to 2340' (Bottom of salt) de and outside of 7" csg f from 170-270' (12-1/2" csg	shoe) (He	COPPUSSION MUST OF NOTHED 24
Cut off wellhead and RDP Install Dry hole marker P&A Wellbore.	• •	PLU	URS FISIOR TO THE SELECTIONS OF GRAND OPERATIONS FOR THE CHOS BE APPROVED.
I hereby certify that the information above is	true and complete to the best of my know	ledge and belief.	
SIGNATURE KULLE H.	Munist m	T.E Administrative	Assistant DATE 11/23/99
TYPE OR PRINT NAME Kellie D. Mur			TELEPHONE NO. 505-394-1649
G.	IAL SIGNED BY ARY WINK ELD REP. II		NOV 23 1999
APPROVED BY		LE	DATE
CONDITIONS OF APPROVAL, IF ANY:			