

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. 30-025-04225
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 BYRD GAS COM
8. Well No. 5
9. Pool name or Wildcat EUMONT YATES 7RQ

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator P.O. 1710 HOBBS N.M 88240	
4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>20S</u> Range <u>36E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3594</u> <u>GR</u>	

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.

TD 3900, PBD 3695, PERFS 3069-3664

PROPOSE TO ADD PERFS IN EUMONT WITHIN INTERVAL 2602 TO 3695 AND STIMULATE

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

SIGNATURE [Signature] TITLE OPERATION COORDINATOR DATE 391-1621
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 06 1993

RECEIVED

APR 10 1993

W. P. ROBERTS
OFFICE