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NEW MEXICO OIL CONSERVATION COMMISSION

**JUL 17 2 05 PM '65**

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.
7. Unit Agreement Name
8. Farm or Lease Name <b>W. P. Byrd</b>
9. Well No. <b>5</b>
10. Field and Pool, or Wildcat <b>Monument</b>
12. County <b>Lea</b>

**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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator <b>Amerada Petroleum Corporation</b>
3. Address of Operator <b>P.O. Box 668 - Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>12</b> TOWNSHIP <b>20S</b> RANGE <b>36E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3567' DF</b>

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Install Pumping equip.** ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

**Pulled tubing, packer & holddown. Ran 118 jts. 2-7/8" tubing set bull plugged at 3750' with perfs. from 3715' to 3718' & SN at 3714'. Ran 2-1/2" x 2" x 12' Axelsen pump on string of 3/4" rods. Started well pumping at 7:00 PM 7-13-65. Status changed from flowing to pumping oil well.**

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

SIGNED **D. C. LaPelle** TITLE **District Superintendent** DATE **7-15-65**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: