Submit 3 Copies

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

__ DATE_

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088			WELL API NO.
1.0		exico 87504-2088	30-025-32835
P.O. Drawer DD, Artesia, NM 88210	bullet 1 by 1 to the 1.2		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0		6. State Oil & Gas Lease No.
	TICES AND REPORTS ON		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM	C-101) FOR SUCH PROPOSALS		BYRD GAS COM
1. Type of Well: OIL GAS WELL WELL	VI OFFINE		
WELL WELL 2. Name of Operator	X OTHER		8. Well No.
ARCO Permian			9
3. Address of Operator	TY 70700		9. Pool name or Wildcat
P.O.BOX 1610, MIDLAND 4. Well Location	, 12 /9/02		EUMONT YATES/SR/QUEEN
Unit Letter G : 165	Feet From The NORTH	Line and 2310	Feet From The EAST Line
Section 11	Township 20S	Range 36E	NMPM LEA County
	10. Elevation (Show 3574	whether DF, RKB, RT, GR, et	c.)
11. Check /		cate Nature of Notice.	Report, or Other Data
	INTENTION TO:	1	BSEQUENT REPORT OF:
110 1102 01			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	LI ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	3 OPNS. X PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertin	ent details, and give pertinent de	ates, including estimated date of starting any proposed
SPUD 12 1/4 HOLE 02-1	0-95. TD'D AT 415. R	AN 8 5/8 CSG TO 415	5. CMT'D W/ 350 SX "C" + 2%CC +1
CS(YLD 1.32). CIRC CM 1000# FOR 30 MIN. DA		HRS. EST COMPRESS S	STRENGTH 1575#. PRESS TEST CSG T
TD'D 7 7/8 HOLE AT 37	00 ON 02-16-95. RIH	W/ 5 1/2 CSG TO 370	00. CMT'D W/ 600 SX C POZ +6% D2
1/4# C5(YLD 1.92) FUL	LUMED BY 250 SA C +	1/4# C3(TLD 1.32).	CIRC CMT TO SURF. RR 02-17-95.
I hereby certify that the information above	is two and annulate to the host of my le	nomindes and balief	
SEGNATURE X M 91 So			00 01 05
SIGNATURE SMYW HO	melf	_ TITLE AGENT	DATE 02-21-95
TYPE OR PRINT NAME KEN W. GOS	IELL		TELEPHONE NO.915 688-5672
(This space for State Use)	GRIGINAL SIGNED BY		
	GARY WINK		FEB 2 3 1995

FIELD REP. II