

Submit 1 Copy To Appropriate District  
Office

**NM OIL CONSERVATION** State of New Mexico  
Energy, Minerals and Natural Resources  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO.

**30-015-28992**

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

**Osage Boyd 15 Federal Com**

8. Well Number

**8**

9. OGRID Number

**015742**

10. Pool name or Wildcat

**Dagger Draw; Upper Penn, North**

**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 ☒ Gas Well ☐ Other

2. Name of Operator

**Nearburg Producing Company**

3. Address of Operator

**3300 North A Street, Bldg., 2, Suite 120, Midland, TX**

4. Well Location

Unit Letter **F** : **1,980** feet from the **North** line and **1,980'** feet from the **West** line  
Section **15** Township **19S** Range **25E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: **TA Extension** ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**MIT was successfully performed 7/9/15. Chart has been scanned on OCD website.**

**FINAL T/A EXTENSION**

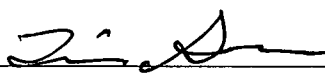
Date of Last Production 4/1/2001  
Well must be returned to beneficial use or a  
P/A plan submitted prior to 5/1/2016

Spud Date:

Rig Release Date:

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

SIGNATURE



TITLE

**Regulatory Manager**

DATE

**7/20/15**

Type or print name

**Tim Green**

E-mail address:

**tgreen@nearburg.com**

PHONE:

**432-818-2940**

**For State Use Only**

APPROVED BY:



TITLE

**COMPLIANCE OFFICER**

DATE

**7/30/15**

Conditions of Approval (if any):