

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

15.1  
bp

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

RECEIVED  
JUN 14 1991

WELL API NO. 30-015-21045
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L4675
7. Lease Name or Unit Agreement Name  Aikman SWD State
8. Well No. 1
9. Pool name or Wildcat Undesignated
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,466' GR

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 Salt Water Disposal

2. Name of Operator  
Nearburg Producing Company

3. Address of Operator  
P.O. Box 823085, Dallas, Texas 75382-3085

4. Well Location  
Unit Letter N : 660 Feet From The South Line and 1,980 Feet From The West Line  
Section 27 Township 19S Range 25E NMPM Eddy County

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: Activity ☒

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.

6/8/91 Trip in hole.

6/10/91 Tested tubing (state approved test). Acidized open hole from 10,205' to 10,520' with 5,000 gal 15% NEFE acid. Swabbed.

6/11/91 Re-acidized open hole w/10,000 gal. 20% NEFE acid & 1,400# rock salt.

6/12/91 Hooking well up for injection.

Part ID-3  
9-4-92  
camp SWD

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

SIGNATURE Mildred Simpkins TITLE Production Analyst DATE 6/13/91

TYPE OR PRINT NAME Mildred Simpkins TELEPHONE NO. 214/739-1778

(This space for State Use)  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 28 1992

CONDITIONS OF APPROVAL, IF ANY: