

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO.
30-015-21045

Indicate Type of Lease
STATE ☒ FEE

State Oil & Gas Lease No.

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.)

Type of Well:
OIL WELL GAS WELL OTHER SWD

Name of Operator
Nearburg Producing Company

Address of Operator
3300 N A St., Bldg 2, Suite 120, Midland, TX 79705

Well Location
Unit Letter N 660 Feet From The south Line and 1980 Feet From The west Line
Section 27 Township 19S Range 25E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3466' GR

Lease Name or Unit Agreement Name
Aikman SWD State

Well No.
1

Pool name or Wildcat
Undesignated SWD - Devolving

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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Test packer ☒

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.

03-11-02 MIRU well service unit.
03-12-02 Released pkr and sent to shop for re-dress.
03-15-02 POOH w/ tbg.
03-18-02 Test tbg.
03-19-02 Set pkr at 10,115' and test annulus to 300#.
03-22-02 Release well to disposal at rate of 7400 bpd w/ 760# TP.
03-22-02 RDMO well service unit.

Chart Attached - (Witnessed by Mike Bratcher w/NMOCD)

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

SIGNATURE

Kim Stewart

TITLE Regulatory Analyst

DATE 04-05-2002

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Wild Sep D

DATE

APR 12 2002

CONDITIONS OF APPROVAL, IF ANY:



