

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 87504-2088

RECEIVED

OCT 4 '90

WELL API NO. 30-015-21141
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Holstun
8. Well No. 1 SWD
9. Pool name or Wildcat Undesignated

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 B : 1,980 Feet From The east Line and 660 Feet From The north Line Section 4 Township 20S Range 25E NMPM Eddy County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,592.6' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Activity <input checked="" type="checkbox"/>

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.

9/27/90 Circulated hole with 240 bbls packer fluid.
9/28/90 Tested packer and tubing to 500# for 30 minutes, no leakoff. Witnessed by Mike Stubblefield with NMOCD. Acidize with 5000 gallons 15# NEFE acid. Well on vacuum.

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

SIGNATURE Machelle Byrum TITLE Production Secretary DATE 9/28/90
TYPE OR PRINT NAME Machelle Byrum TELEPHONE NO 214/739-1778

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 30 1990

CONDITIONS OF APPROVAL, IF ANY: