DISTRICTI P.O. Box 1980, Hobbs, NM 88240 DISTRICTI P.O. Box 2088 Santa Fe, New Mexico 8750 DISTRICTI 1000 Kio Brizzor Rd., Aziec, NM 88210 Santa Fe, New Mexico 8750 DISTRICTI 1000 Kio Brizzor Rd., Aziec, NM 88210 CON TUSE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OF PLOCAGACK TO A DIFFERENT RESERVAN. USE "APPULATION FOR PERMANE" (CO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OF PLOCAGACK TO A DIFFERENT RESERVAN. USE "APPULATION FOR PERMANE" 1. Type of Well: Will
Santa Fe, New Mexico 8756 200 Solicite Type of Lease STATE FEE XX
DISTRICT_III DOOR NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PEGGRACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMANA". OFFICE (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OF PERMISSION 1. Lease Name or Unit Agreement Name DIFFERENT RESERVOR. USE 'APPLICATION FOR PERMISS.) 1. Type of Well: OTHER Salt Water Disposal Holstun 8. Well No. Nearburg Producing Company 1. Address of Operator Nearburg Producing Company 1. Address of Operator No. 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 NMFM 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: PERFORM REMEDIAL WORK DIAGNAMED ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB OTHER: 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.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SKONATURE Markell Byrun TITLE Production Secretary DATE 9/28/90
TYPE OR PRINT NAME Machelle Byrum TELEPHONE NO 214/739-17
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS CURPERVISOR DISTRICT IS THE DATE
APTROVED BY SUPERVISOR, DISTRICT IS TITLE DATE CONDITIONS OF APPROVAL, IF ANY: