

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-26818
Indicate Type of Lease STATE _____ FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Covert Com
Well No. 2
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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL _____ OTHER _____	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	
Well Location Unit Letter D Section 6 Township 20S Range 25E NMPM Eddy County Feet From The north Line and 660 Feet From The west Line	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3575.4' GR	

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: _____

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.

Nearburg Producing Company requests to temporarily abandon the above referenced well.

- 1.) MIRU well service unit.
- 2.) POOH w/ production equipment.
- 3.) Set CIBP at 7667'. (Perfs 7717' - 7858').
- 4.) Circulate with pkr fluid.
- 5.) Run M.I.T. @ 500# for 30 mins test pressure.
- 6.) RDMO well service unit.

Give Notice to O.C.D. 24 Hrs. before work begins



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 08-15-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Wildcat 17

DATE

8-27-01

CONDITIONS OF APPROVAL, IF ANY: