

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
811 South 1st St, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-015-26797

5. Indicate Type of Lease

STATE

X

FEE

6. 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.)

1. Type of Well:

OIL WELL



GAS WELL



OTHER

2. Name of Operator

Nearburg Producing Company

3. Address of Operator

P.O. Box 823085, Dallas, TX 75382-3085

4. Well Location

Unit Letter

O

990

: Feet From The

South

Line and

1,980

Feet From The

East

Line

Section

30

Township

24S

Range

29E

NMPM

Eddy

County

Ruby 30 State

8. Well No.

#1

9. Pool name or Wildcat

Pierce Crossing Bone Spring, South

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

2,917' 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 & ABANDONMENT

☐

CASING TEST & CEMENT JOB

☐

OTHER: Recompletion

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.

MAY 16 1997

1. MIRU 11/20/96.
2. POH w/tbg & pkr. Set CIBP w/35' cmt at 12,216'.
3. Set 7" CIBP @ 9,200' w/35 sx cmt on top. PBDT @ 9,200'.
4. Perf Bone Spring from 8,866' - 8,910' w/1 JSPF w/4" csg gun. (45 hole).
5. Set pkr and test. Release pkr.
6. Swab well.
7. Frac Bone Spring perfs 8,866' - 8,910'.
8. Swab well.
9. Stimulate Bone Spring.
10. RIH w/rod/pump and release to production 1/17/97. RDMO.

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

SIGNATURE

*E. Scott Kimbrough*

TITLE Manager of Drlg and Prod

DATE 04/29/97

TYPE OR PRINT NAME

E. Scott Kimbrough

TELEPHONE 915/686-8235

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM** TITLE  
**DISTRICT II SUPERVISOR**

DATE **MAY 19 1997**

CONDITIONS OF APPROVAL, IF ANY: