

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. 30-025-34820
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Antler 17 State
Well No. 1
Pool name or Wildcat North Rock Lake Morrow

**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  
3300 N A St., Bldg 2, Suite 120, Midland, TX 79705

4 Well Location  
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line  
Section 17 Township 22S Range 35E NMPM Lea County

10 Elevation (Show whether DF, RKB, RT, GR, etc.)  
3585' 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 ANBANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Long String Casing and Cement <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.

06/17/00: Drilled to 12,200'. C&C hole. RU and ran 323 jts of 7", 26#, 29#, N80, P110, S95, BT&C & LT&C casing to 12,200'. Cement casing using 755 sxs of cmt + additives. Ran temp survey, TOC @ 7,450'. WOC. Cut off csg and weld on wellhead. NU BOPE and test.

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 06-21-00

TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY \_\_\_\_\_ ORIGINAL OWNED BY GERRIE WILLIAMS  
DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE 6/25/00

CONDITIONS OF APPROVAL, IF ANY: