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State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-33760 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATELY FEE L 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) **WEST OSUDO "36" STATE** Type of Well: WELL. WELL OTHER Name of Operator 8. Well No. **NEARBURG PRODUCING COMPANY** 1 3. Address of Operator 9. Pool name or Wildcat P.O. BOX 823085, DALLAS, TEXAS 75382-3085 OSUDO-MORROW 4. Well Location : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Unit Letter 36 **20S** 35E LEA Section Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. CURRENT STATUS CIBP SET @ 10,875', DUMPED 35' CEMENT ON B.P., PBTD 10,840' 1. LOAD HOLE W/MUD (25#per bbl.) FROM 10,840 TO SURFACE. 2. CUT & PULL 5 1/2 @ 10,400! 3. SET 505X STUB PLUG 10,450 TO 10,350', TAG PLUG.
4. SET 60 sx PLUG 8010 TO 8120', TOP OF BONESPRING 8066.
5. SET 60 sx PLUG 5500 TO 5600' TAG (9 5/8 " SHOE 5550'). 6. SET 50 sx PLUG 1900' TO 2000' (TOP OF SALT 1950'). 7. SET 20 sx PLUG 55' TO SURFACE. 8. SET DRY HOLE MAKER I hereby certify that the informat te and complete to the best of my knowledge and belief. THE OPERATIONS COORDINATORIE 8-4-97 TYPE OR PRINT NAME TELEPHONE NO.

ICT

(This space for State Use

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

ORIGINAL SIGNED DE DERING WELLIAMS DISTRICT I SUPERVISOR

AUS 07 1997