

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. 30-025-34507
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Regis 15
Well No. 1
Pool name or Wildcat Townsend; 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 North A Street, Building 2, Suite 120, Midland, Texas 79705

4 Well Location
Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line
Section 15 Township 16S Range 35E NMPM Lea County

5 Elevation (Show whether DF, RKB, RT, GR, etc.)
3,315' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Extension Request</u> <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.

Nearburg Producing Company requests an extension from the previously approved drilling application.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Expires September 25, 2000

SIGNATURE Kim Stewart TITLE Regulatory Analyst DATE 09-07-99

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 15 1999

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY CHRIS WILKINSON
DISTRICT I SUPERVISOR

