Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
District I ~ (575) 393-6161	Energy, Minerals and Natural I	Resources	···	Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240	•		WELL API NO		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025		
District [II – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Typ		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE 6. State Oil & 0	FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	5411ta 1 0, 14111 07505		o. State Off & C	Jas Lease No.	
87505			VB-1702-	-0001	
SUNDRY NOTICES A	AND REPORTS ON WELLS	000	7. Lease Name	or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ON TO BE THE STATE OF THE PROPOSALS.)			Midway 8	S State	
PROPOSALS.) 1. Type of Well: Oil Well Gas V	Vell Other JUL 2	3 2014	8. Well Numbe		
2. Name of Operator		9. OGRID Nun	nber		
Nearburg Producing Company 3. Address of Operator RECEIVED		15742 10. Pool name or Wildcat			
3. Address of Operator		i			
3300 North "A" Street,		, Midland	Midway	y Strawn	
4. Well Location	TX 79705				
Unit Letter C : 932				rom the West line	
Section 8	Township 17S Range	37E	NMPM Lea	County NM	
ter way the first that the set it.	Elevation (Show whether DR, RK)	B, RT, GR, etc.)			
				The second of th	
	•		•		
12. Check Appro	priate Box to Indicate Natur	e of Notice,	Report or Othe	er Data	
		0			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
•	V				
	· · · · · · · · · · · · · · · · · · ·				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE COMMINGLE	ĺ				
CLOSED-LOOP SYSTEM				-	
OTHER:		HER:	l airea mantin ant d		
13. Describe proposed or completed of starting any proposed work).					
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
Frage and the second se					
Drilled 20" hole from	10 feet to 15 feet on	7/18/14.			
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Spud Date: June 30, 2014	Rig Release Date:				
`		L			
·			•		
I hereby certify that the information above	is true and complete to the best of	f my knowledge	e and belief		
Thereby certify that the information above	is true and complete to the best of	my knowledge	e and bener.		
/, ~		A		and the second second second	
SIGNATURE	TITLE Regula	tory Mana	ger I	DATE 7/21/14	
Type or print name Tim Green	E-mail address: tg	reen@near	burg.com [PHONE: 432-818 - 2940	
For State Use Only					
•					
APPROVED BY:	Accepted for Record C	nly	E	DATE	
Conditions of Approval (if any):	Mysicum 7/2	MIZNIL	1	1111 0 = 00	
	1 hospiem in 1/5	-TIWIP	(9	JUL 2 5 2014	