

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

File
Form C-103
Revised 1-1-89

DISTRICT I

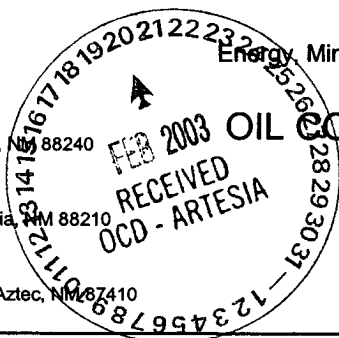
P.O. Box 1980, Hobbs, NM 88240

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.

30-015-21355

Indicate Type of Lease

STATE ☐

FEE ☒

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.)

Lease Name or Unit Agreement Name

Osage Boyd Com

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator

Nearburg Producing Company

Well No.

1

Address of Operator

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

Pool name or Wildcat

Dagger Draw; Upper Penn, North

Well Location

Unit Letter E : 1980 Feet From The north Line and 660 Feet From The west Line

Section 15 Township 19S Range 25E NMPM Eddy County

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

3467' 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 AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

Temporarily Abandon Extension ☒

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 a TA extension on the above referenced well.

Evaluating for possible recompletion.

TA can only be extended by
meeting the requirements of Rule
203. This well must be in physical
compliance on or before 5-21-03.

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

SIGNATURE

Sarah Jordan
DENIED

TITLE Production Analyst

DATE 02-18-2003

TYPE OR PRINT NAME Sarah Jordan

TELEPHONE NO. 915/686-8235 ext 203

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 21 2003