Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30 015 28289
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE x
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	o. State on te das Etase Ivo.
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLIC	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	South Boyd 27 Com 8. Well Number 4
PROPOSALS) 1. Type of Well: Oil Well X	Gas Well Other	or wear rained.
Name of Operator Nearburg Producing Company		9. OGRID Number 015742
3. Address of Operator		10. Pool name or Wildcat
3300 N A. St., Bldg 2, Suite 12	0, Midland, TX 79705	Dagger Draw; Upper Penn, North
4. Well Location		
Unit Letter_L_:_1980feet from the _South line and _660feet from the _West line		
Section 27		1PM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.):
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING ☐		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	T JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: T/A	Extension
	leted operations. (Clearly state all pertinent details, an	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co.	
This well was due for the T/A Exten	sion to expire on 02/13/2012	
	pectfully requesting a two year extension. Successful I	MIT test of 3/19/2012 submitted to OCD
	so with this producing area and we anticipate testing the	
two years.		-
		RECEIVED
Spud Date:	Rig Release Date:	JUN 14 2012
		NMOCD ARTESIA
I hereby certify that the information	above is true and complete to the best of my knowledg	ge and belief.
	,	
	<i></i>	
SIGNATURE Mulule	TITLE Regulatory	DATE06/13/2012
Type or print name Ann Rit	chie E-mail address:ann.wtor@gmail.c	com PHONE: 432 6846381
For State Use Only	bino B man addressann.wtoragaman.c	11101VL. 432 0040301
	loces - C. Miner	Ce - 2
	NOT TITLE COMPLIANCE O	MLEK DATE 6/21/12
Conditions of Approval (if any): FINAL T/A EXTENSION		
FINAL T/A EXTENSION Date of Last Production		
Well must be returned to beneficial use or a		
P/A plan submitted prior to		
	-3/1/w1	