	New Mexico	Form C-103
District I	and Natural Resources	June 19, 2008 WELL, API NO.
5 N French Dr., Hobbs, NM 87240 OH. CONSEDMATION DIVISION		30-015-26818
1301 W Grand Ave., Artesia, NM 88210	OI W Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 Courth St. Francis Dr.	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE
District IV	o, 1414 075 05	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505	(o. State on to das Bease (vo.
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.)		7. Lease Name or Unit Agreement Name: Covert Com
1. Type of Well: Oil Well X Gas Well Other	RECEIVED	8. Well Number 2
Name of Operator Nearburg Producing Company	JUL 2'2 2010	9. OGRID Number 015742
3. Address of Operator	NMOCD ARTESIA	10. Pool name or Wildcat
3300 N A St., Bldg 2, Ste 120, Midland, TX 79 4. Well Location	MWOOD AITIESIA	Dagger Draw: Upper Penn, North
	North line and	660 feet from the West line
Oint Letter Good leet from the	morem mile and	reet from the nest fine
Section 6 Township		NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575.4		
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 ABANDO	N REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILL	
<u> </u>		.
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT J	OB · [_]
DOWNHOLE COMMINGLE		
,		
OTHER: Activity Report	X OTHER:	
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Per conversation between Matt Lee, NPC Rep and NMOCD Reps Darold Gray and Richard Inge, NPC requests a one month extension due to timing of getting a rig to perform recomplete of the subject well.		
.		
	*	
•		
1		
Spud Date:	tig Release Date:	
I hereby certify that the information above is true and comple	ate to the best of my knowledge	a and balief
Thereby certify that greathformation above is true and comple	to the best of my knowledge	7.7/10
SIGNATURE		on Analyst DATE // 2/10
Type or print name Sarah Jordan	sjordan@nearl E-mail address:	
For State Use Only		
APPROVED BY DOUBLE Stray	TITLE FIELD SUPE	1 VISOF DATE 7-23-10

Conditions of Approval (if any):