Submit 3 Copies To Appropriate District Office	State of New Me	Form C-103			
District I	Energy, Minerals and Natu	June 19, 2008 WELL API NO.			
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	30-015-28992			
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🗆 FEE 🖬		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	\ \	6. State Oil & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name	or Unit Agreemer	nt Name:
(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.)			Osage Boyd 15 Com		
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 8		
2. Name of Operator			9. OGRID Number		
Nearburg Producing Company			015742		
3. Address of Operator 3300 N A St., Bldg 2, Ste 120, Midland, TX 79705			10. Pool name or Wildcat		
4. Well Location	Dagger Draw: Upper Penn, North				
Unit LetterF:	<u>1980</u> feet from the Nor	thline and	1980 feet f	rom the Wes	tline
Section 15	Township 19S	Range 25E	NMPM	County	Eddy
	11. Elevation (Show whether			County	
		3454	1 ACT		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
	ippropriate Box to maleute		report, or our	1 Duiu	
NOTICE OF INTENTION TO: SUBSEQUENT REP					
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK				ALTERING	CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	CHANGE PLANS COMMENCE DRILLING OPNS			
		ов 🗌			
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OTHER: TA EXTENSION		OTHER:			
 Describe proposed or complet of starting any proposed work or recompletion. 	ed operations. (Clearly state all pe). SEE RULE 1103. For Multiple				
	ny respectfully requests an ndoned status for the well			atus for the s	ubject
	on Nearburg will notify OCD	of MIT testing da	ate, perform MI	T and submit t	CD OCD
for approval. TA st	atus may be granted after a	, .			\sim
	essful MIT test is performed.			li li	N I 0 2011
	act the OCD to schedule the				
	to it may be witnessed.			/4i	
	AX 2YR EXITENSION	:	,		1 5
		- **	······		
I hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.		
April	tral				No.
SIGNATURE MUL			ry Analyst	DATE	<u>~~~</u> Ø11
	-	tstathem@near	burg.com	DI 00 100	1010 0650
Type or print name <u>Terri Stathe</u>	<u>III</u> E-m	ail address:		PHONE	1010-2000
For State Use Only	1			1	/
APPROVED BY LUARD	INGE TH	TLE COMPLIANC	6 OFFILET	DATE 1/1	3/11
Conditions of Approval (if any):	111		~ I [· · · · · · ·		