Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs. NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.					WELL API NO.		
DISTRICT II	Santa Fe, NM 87505				30-015-29421		
P.O. Drawer DD, Artesia, NM 88210					Indicate Type of Lease		
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			•		∋State Oil & Gas Le		
SUNDRY NOTICES AND REPORTS ON WELL SECTIVED (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLANGING TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					Lease Name or Unit Agreement Name Sandy Crossing 32 State Com		
Type of Well: OIL GAS WELL WELL	OTHER						
Name of Operator Nearburg Producing Company	/				∘Well No. 1		
Address of Operator 3300 N A St. Bldg 2, Suite 120, Midland, TX. 79706					Pool name or Wildcat Red Lake, Queen, Grayburg, San Andres		
-Well Location Unit Letter _ 1980_	Feet From The South		Line and	990	Feet From The	e East Lie	ne
Section 32	Township 17S	Ran	nge 2	27E	NMPM	Eddy County	,
	in Elevation (Show whether 3475'				1,11411	aay County	
11 Check Ap	propriate Box to Indicat	e Natu	re of Notice	e. Rep	ort. or Other	Data	
NOTICE OF IN						EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	(ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING O				PNS.	PLUG AND ANBANDONM	IENT 🔽
PULL OR ALTER CASING		c	CASING TEST ANI	D CEMEI	NT JOB		
OTHER:			OTHER:				🗆
Describe Proposed or Completed Operations work) SEE RULE 1103.	s (Clearly state all pertinent details, a	nd give pe	ertinent dates, inclu	uding esti	imated date of startin	ng any proposed	
Plug # 1 2-23-01 Set CIBP @ 175	0'. Circulate well with mud laid	den fluid	İ				
Plug # 2 2-23-01 Spot 20 sks of C cement @ 1750'. Tag @ 1225'							
Plug # 3 2-24-01 Spot 10 sk surface plug @ 30'-surface							
2-25-01 Cut off wellhead and anchors 3' BGL Install dy hole marker.							
I hereby certify that the information above is t	rue and complete to the best of my k	nowledge	and belief.				
SIGNATURE TOURS		TITLE	Agat			DATE 2-70-0	٠ <u>ا</u>
TYPE OR PRINT NAME JACK SHE	LTON					TELEPHONE NO 9/552	3-5155
(This space for State Use)							 _
APPROVED BY		TITLE				DATE	