

38-015-21182

Ugrid - 15742

Prop - 30000

Pool -

CISF
of

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. 30-015-31182
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Pathfinder 29 State Com
Well No. 1
Pool name or Wildcat Turkey Track Morrow, North (Gas)

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.)

Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

Name of Operator
Nearburg Producing Company

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

Well Location
Unit Letter **H** : 1980 Feet From The **North** Line and 990 Feet From The **East** Line
Section **29** Township **18S** Range **28E** NMPM **Eddy** County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3568' GR

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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: Extension Request

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.

Request extension from previously approved application.



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

SIGNATURE

Kim Stewart

TITLE Regulatory Analyst

DATE 06-07-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GOW
DISTRICT II SUPERVISOR

JUN 19 2001

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: