

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.
30-015-31186

Indicate Type of Lease
STATE ☒ FEE

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name
Enterprise 32 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 D : 660 Feet From The North Line and 740 Feet From The West Line
Section 32 Township 18S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3441' GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Intermediate Casing and Cement <input checked="" type="checkbox"/>	

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.

07/13/00: Drilled to 3,487'. C&C hole. RU and ran 80 jts of 8-5/8", 32#, J55, ST&C casing to 3,487'. Cement casing using 900 sxs of cmt + additives. Circ 127 sxs cmt to surface. WOC. Cut off csg and weld on wellhead. NU BOPE and test.

RECEIVED
OCD
ARTESIA

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 07-17-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY Jim W. Stewart TITLE District Supervisor DATE JUL 24 2000

CONDITIONS OF APPROVAL, IF ANY: Re Submit ; indicate WOC Time