

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. 30-015-31216
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Pathfinder 19 State Com
Well No. 1
Pool name or Wildcat Illinois Camp Morrow, North (Gas)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1295</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3598' 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: Change Location ☒

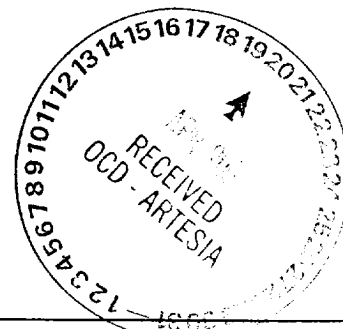
### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

Nearburg Producing Company requests permission to change surface location on the above referenced well from 660' FNL and 1980' FEL, Unit B, Section 19, T18S, R28E, to Unit A, 660' FNL and 1295' FEL, Section 19, T18S, R28E.

(Attached C-102)



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 04-18-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY B. GUM ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

TITLE

DATE

APR 24 2001

CONDITIONS OF APPROVAL, IF ANY: