

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAY 29 1986

O. C. D.

Form C-103
Revised 10-1-73

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.

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Re-entry		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Nearburg Producing Company ✓		5. State Oil & Gas Lease No. NM-0504364-A; NM-3086
3. Address of Operator P. O. Box 31405 - Dallas, TX 75231		7. Unit Agreement Name
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM East LINE, SECTION 5 TOWNSHIP 19S RANGE 26E N.M.P.M.		8. Farm or Lease Name IVEY COM
		9. Well No. 1
		10. Field and Pool, or Wildcat Wildcat Penn
15. Elevation (Show whether DF, RT, GR, etc.) 3368.7' GR		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Change of Operator <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.

Effective 11/27/85 Change of Operator from Chama Petroleum Company to Nearburg Producing Company.

Post ID-2
6-6-86
Chg Op. Name

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

SIGNED Kathleen A. Yant

TITLE Production Analyst

DATE 5/23/86

Original Signed By

Les A. Clements

APPROVED BY Supervisor District 11

TITLE

DATE JUN 4 1986

CONDITIONS OF APPROVAL, IF ANY: