

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-3-89

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.  
30-015-21355

Indicate Type of Lease  
STATE FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
Osage Boyd Com

Well No.  
1

Pool name or Wildcat  
Dagger Draw; Upper Penn, North

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 E : 1980 Feet From The north Line and 660 Feet From The west Line  
Section 15 Township 19S Range 25E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3467' GR

11

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: Temporarily Abandon ☒

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.

02-04-02 MIRU well service unit.  
02-05-02 Set 4-1/2" CIBP at 7684'.  
02-06-02 Circulate with pkr fluid.  
02-06-02 Run M.I.T. @ 550 psi for 30 mins test pressure w/ OCD witness: Phil Hawkins.  
02-06-02 RDMO well service unit.  
02-06-02 Well TA'd and Final Report.

(Chart attached)

Temporary Abandoned Status approved  
until 2-6-03

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: 02-07-2002

TYPE OR PRINT NAME: Kim Stewart TELEPHONE NO.: 915/686-8235

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 8 2002

