

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.  
30-015-22250

Indicate Type of Lease  
STATE FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
Morrison Com

Well No.  
1

Pool name or Wildcat  
Atoka Glorieta Yeso

**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 L 660 Feet From The West Line and 1980 Feet From The South Line  
Section 5 Township 19S Range 26E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3363.5' GL

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: ☐

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.

1. MIRU P&A rig on 02/15/00.
2. POOH w/ tubing.
3. Set CIBP @ 2400'.
4. Pump 25 sx plug f/ 2,400' to 2,050'.
5. Pump 25 sx plug to 1,363'.
6. Tagged TOC @ 1,007'. Perforated 4-1/2" casing @ 360', squeezed w/ 108 sx. Left 4-1/2" full of cement inside and outside, 360' to surface.
7. Cut off wellhead. Installed dry hole marker. Clean location.
8. Witnessed by Phil Hawkins - OCD.
9. P&A' d well. Final report.

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 03-20-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE JAN 22 2002

CONDITIONS OF APPROVAL, IF ANY: