## State of New Mexico Energy, Minerals and Natural Resources Department

## CISK F

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505

	07175	🗸
Indicate Type of Lease		
30-015-23049		
VELL API NO.	V	

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	eState Oil & Gas Leas	STATE	FEEX
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.)	7Lease Name or Unit Agreement Name Parino		
Type of Well: OIL GAS WELL WELL X OTHER	raillo		
₂Name of Operator Nearburg Producing Company ∕	₃Well No. 1		
₃Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	∍Pool name or Wildca Dagger Draw; U	•	orth
4Well Location Unit Letter I 1980 Feet From The South Line and 660	Feet From The	East	Line
Section 23 Township 19S Range 25E	NMPM	Eddy	County
10 Elevation (Show whether DF, RKB, RT, GR, etc.) 3417' GR		Section 1	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Temporarily Abandon OTHER: 12Describe 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 has temporarily abandon the above referenced well.

- 1.) MIRU well service unit. 06/25/01
- 2.) POOH w/ production equipment. 06/25/01
- 3.) Set CIBP at 7750' w/ 35' cmt on top. New PBTD at 7715'. (Perfs 7796' 7820'). 06/25/01
- 4.) Circulate with pkr fluid. 06/25/01
- 5.) Run M.I.T. @ 500# for 30 mins test pressure. 06/27/01
- 6.) RDMO well service unit. 06/27/01

JUL DO OCD - ARTESIA NO OCD - ARTESIA

Test Filled

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

SIGNATURE

APPROVED BY

Kam Slewant

TITLE Regulatory Analyst

DATE 07-11-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

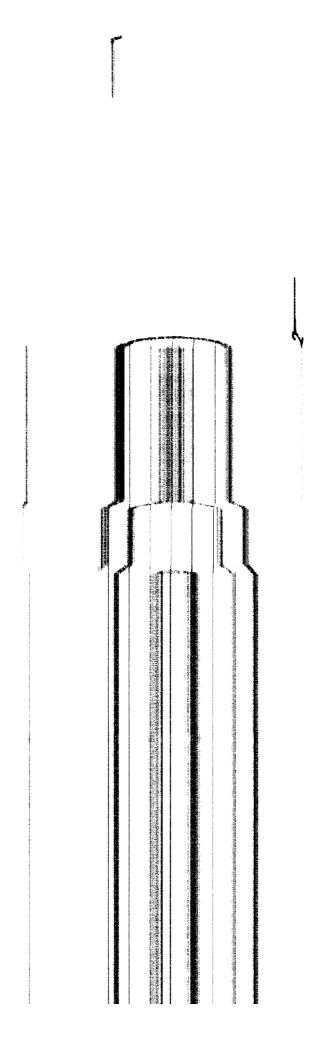
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CONDITIONS OF APPROVAL, JEANY

TITLE

DATE

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