

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.  
30-015-25181

Indicate Type of Lease  
STATE FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
Anderson Com

Well No.  
1

Pool name or Wildcat  
Undesignated - Strawn

**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 B : 660 Feet From The North Line and 1980 Feet From The East Line  
Section 10 Township 20S Range 25E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3404' GR

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

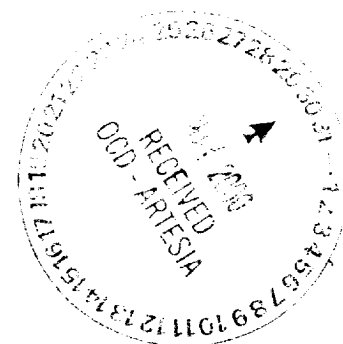
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Morrow Recompletion ☒

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 well service unit.
- 2) POOH w/completion setting.
- 3) RIH. Drill out 35' cement and CIBP @ 9,034'.
- 4) Drill out 15' cement and CIBP @ 9,369'. PBTD @ 9,557'.
- 5) TIH w/completion setting. Set packer @ 9,309'.
- 6) RU and swab well.
- 7) Pump CO2 w/methanol to stimulate the Morrow.
- 8) Return well to production.
- 9) RDMO well service unit.



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 05-24-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 01 2000