State of New Mexico Εn , Minerals and Natural Resources Departmen.

C131	Form C-103 Revised 1-1

2	Form C-103 Revised 1-1-89
b)	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA	IOIT.	N DIVISI	ON				
2040 Pacheco St.		WELL API NO. 30-015-25401					
<u>DISTRICT II</u> Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lease				
				smaladio Type of E	STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6State Oil & Gas Le		LEEST	
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"			7Lease Name or Unit Agreement Name Stevenson				
(FORM C-101) FOR SUCH PROPOSALS.)) 						
OIL GAS WELL OTHER							
2Name of Operator				₅Well No.			
Nearburg Producing Company √ 3Address of Operator				1	 		
3300 N A St., Bldg 2, Suite 120, Midland, TX 79705				Pool name or Wildcat Atoka Glorieta Yeso			
Well Location							
Unit Letter E: 1980 Feet From The North		Line and	660	Feet From The	eWest	Line	
Section 4 Township 19S	Rai	nge	26E	NMPM	Eddy	County	
10 Elevation (Show whether					200,	County	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO:	c Hall	are or Noti					
		SUBSEQUENT REPORT OF:					
		REMEDIAL WOI	RK		ALTERING CAS	SING	
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT					
PULL OR ALTER CASING	(CASING TEST AND CEMENT JOB					
OTHER:		OTHER:					
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and	nd give pe	ertinent dates, in	cludina est	imated date of starting	on any oronosed		
work) SEE RULE 1103.	g p.		uading out	mated date of starting	ig any proposed		
 Set CIBP @ 2600'. Dump 35' cmt on plug. Spot 100 sx plug 900' to 1000'. 							
Spot 20 sx durface plug.						······································	
4. Set dry hole marker.					- N	1 2	
Hole to be loaded w/ mud laden fluid and between all plugs.					3 6	181	
·					905 ECE/1		
					4472		
•					ζ,	3/4	
						er fa	
		۵			; / ·	12 	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
and complete to the Best of my kno							
SIGNATURE & Ochie & Deluich	TITLE	Operations	Coordina	ator	DATE 11-10)-99	
TYPE OR PRINT NAME Eddie Gelwick					TELEPHONE NO. 9	15/686-8235	
(This space for State Use)							

CONDITIONS OF APPROVAL, IF ANY:

TITLE Field Rep. II DATE 11/23/99.