Submit 3 Copies to Appropriate District Office	State of New Mexico rgy, Minerals and Natural Resources Departme		Form C-103 Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hoxbe, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-26687
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azec, NM 87410	Ą	IPR % 4 1991	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEAKTESIA, OFFICE			
( 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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: out ans WELL X WELL	OTHER		Foster 31 Fee Com
2. Name of Operator			8. Well No.
Nearburg Producing Company /			9. Pool name or Wildcat
P. O. Box 823085, Dailas, Texas 75382-3085			Dagger Draw Upper Pennsylvanian, North
4. Well Location Unit Letter : 1,980 Feet From The South Line and Feet From The East Line			
	105	255	Eddy
Section 1 Township Kinge Inter Inter Section (Show whether DF, RKB, RT, GR, etc.)			
3,544.0' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING O			
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB		EMENT JOB
other:		OTHER:	
12 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. 4/13/91 Spud well at 8:00 p.m., April 13, 1991 (M.S.T). 4/17/91 Drilled 12-1/4" hole to 1,210'. Ran 1,210' (29 jts) of 9-5/8", 36#, K-55, ST&C casing. Cemented with 200 sx Thick-Set, 1300 sx Howco Lite, and 200 sx Class "C" cement. Circulated to surface. Plug down at 1:12 p.m., April 16, 1991. WOC 18 hours. Test casing to 1,500 psi for 30 minutes. held 0K. 4/18/91 Drilled out from under surface with 8-3/4" bit.			
SKONATURE MUCLIUL TYPE OR PRINT NAME (This space for State Use) ORIG	True and complete to the best of my knowledge and <u>Bycum</u> Tr INAL SIGNED BY WILLIAMS	ne Production	Secretary DATE 4/22/91 TELEPHONE NO.
ATTROVED BYSUPE	RVISOR, DISTRICT I	ne	DATE
CONDITIONS OF APPROVAL, IF ANY:			