Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-89	P

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.	
DISTRICT II	P.O. Box 20		30-015-26818	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87304-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE X 6. State Oil & Gas Lease No.	
SUNDRY NOT	CES AND REPORTS ON WE	11.0		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED	DES AND REPORTS ON WE DPOSALS TO DRILL OR TO DEEPEN NOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:		RECEIVED		
MET X MET	OTHER	TAN 2 1 1992	Covert Com	
2. Name of Operator Nearburg Producing Co	nmpany	Unite	8. Well No.	
3. Address of Operator	p.x.i.y	O. C. D.	9. Pool name or Wildcat	
P. O. Box 823085, Da	allas, Texas 75382-308	VOLENIC:	Dagger Draw Upper Penn, South	
4. Well Location				
Unit Letter :660	Feet From The Not en	Line and660	Feet From The West Line	
Section 6	Township 20S R	ange 25E	NMPM Eddy County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
Charles	3,573.4 GR	AT . CAT .: D		
	Appropriate Box to Indicate		•	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT				
PULL OR ALTER CASING		CASING TEST AND CEMENT 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.				
SPUD WELL @ 11:00 PM ON 11/191				
11/4/91 RAN 27 JTS 95/8" K55 STC 36# CSG. SET @ 1150"				
11/5/41 TOC BY TO SURF		VY 531'. 1	" CMT W/ 500 SX	
I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.		
	, ,		May 25 50 117167	
SIONATURE 1.C. C. C.		E THE INCHICATION	MANAGER DATE 1/17/92	
TYPE OR PRINT NAME T.R. MAKE			TELEPHONE NO. 214-)734-17	
(This space for State Use) ORIGINA	AL SIGNED BY			
	ISOR, DISTRICT #		JAN 2 3 1992	
APPROVED BY		E	DATE	