

cliff
OP

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. 30-015-26819
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Mayer 24
Well No. 1
Pool name or Wildcat Dagger Draw Upper Penn; South

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P&A'd <input type="checkbox"/>	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	
Well Location Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line Section 24 Township 20S Range 24E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3609' GR	

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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 ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

11/12/01 Spot 100 sx cmt @ 7661'.
11/13/01 Tag plug @ 7018'.
11/13/01 Mix mud & circ.
11/13/01 Spot 30 sx cmt, f/ 5810' to 5710'.
11/13/01 Spot 30 sx cmt, f/ 4575' to 4475'.
11/13/01 Spot 30 sx cmt, f/ 3680' to 3580'.
11/13/01 Spot 30 sx cmt, f/ 2189' to 2089'.
11/13/01 Spot 30 sx cmt, f/ 1370' to 1270'.
11/14/01 Tag plug @ 1207'.
11/14/01 Spot 10 sx cmt, f/ 60' to surface.
11/14/01 Install dry hole marker.



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 11-27-2001

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE JAN 25 2002

CONDITIONS OF APPROVAL, IF ANY: