Submit 3 Copies to Appropriate District Office

 α

OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

cist.

District Office	Lifergy, Millierais and Matthail R	resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO.
			30-015-27457 5. Indicate Type of Lease
			STATE FEE X 6. State Oil & Gas Lease No.
OLIVIO BY CALL	AEO MID E = = = = =		
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.)			7. Lease Name or Unit Agreement Name Ross Ranch 22
1. Type of Well:			Jacobs Ranch 22
OIL S WELL 2. Name of Operator	OTHER		
Nearburg Producing Company			8. Well No.
3. Address of Operator			#1 9. Pool name or Wildcat
P. O. Box 823085, Dallas, TX 75382-3085 4. Well Location			9. Pool name or Wildcat Undesignated Boyd Morrow - Gas Dagger Draw; Upper Penn, North - O
Unit Letter L: 1,9	80Feet From The South	Line and 6	60 Feet From The West Line
Section 22			NMPM Eddy County
	10. Elevation (Show whether 3, 465 GR		
11. Check A	Appropriate Box to Indicate 1	Vature of Notice D	eport or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND CE	
OTHER:			
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	ons (Clearly state all pertinent details, an	d give pertinent dates, includ	ding estimated date of starting any proposed
Request extension fr	om originally appr	oved applicat	tion.
	J 7 - FF -		
			RECEIVED
APPROVAL VALID FOR DAYS PERMIT EXPIRES 5-14-97			MAY - 9 1996
	UNLESS DRILLING	UNDERWAY	SOUND FOR THE PARTY
			OIL CON. DIV.
			OIST. 2
I hereby certify that the information above is true a	and complete to the best of my knowledge and b	æliæ.	
SIGNATURE Taulities	Doeston m	<u> Admin. Ass</u>	ont. DATE 05/08/96
TYPEOR PRINT NAME Paulette	Houston		TELEPHONE NO. 505/397-418
s space for State Use 1991			
	FERRISE .		MAY 1.4 1996
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