Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION THE LABOR OF THE PROPERTY OF THE PRO

P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-015-28375
		5. Indicate Type of Lease STATE FEE XX	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
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
i. Type of Well:	71) FOR 300H FROE 03ALS.)		-
OIL X WELL OAS	OTHER		
2. Name of Operator	0.017		8. Well No.
Nearburg Producing Compa 3. Address of Operator	111 y		#3 9. Pool name or Wildcat
P. O. Box 823085, Dallas	s, TX 75382-3085		Dagger Draw; Upper Penn, North
4. Well Location Unit Letter C : 660	Feet From The North	1.9	80 Feet From The West Line
Unit Letter : : OOO	Feet From the	Line and	OU Feet From The West Line
Section 22	Township 19S Ra		NMPM Eddy County
	10. Elevation (Show whether)	DF, KKB, KT, GR, etc.)	<i>\$(////////////////////////////////////</i>
11. Check A	ppropriate Box to Indicate N	Nature of Notice R	eport, or Other Data
NOTICE OF INTE	• •		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER: Surfa	ce Casing and Cement x
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, an	ud give pertinent dates, inclu	ding estimated date of starting any proposed
			C&C hole. Cement casing
in two stages using 950	sx cement. Circulate	e. woc.	
			RECEIVED
			FZB 2 9 1988
			OIL CON. DIV.
I hereby certify that the information above is true as	ad complete to the best of my knowledge and	belief.	DIST. 2
SIGNATURE CILLLE	Joester-		tive Assistant _{DATE} 02/27/96
	louston		TELEPHONE NO. 505/397-418
TYPEOR PRINT NAME Paulette H	OUSCOIL		

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

MAR 27 1996

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY --