

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
811 South 1st St, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-015-28430

5. Indicate Type of Lease

STATE ☐

FEE ☐

☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

B & B

8. Well No.

#4

9. Pool name or Wildcat

Dagger Draw, Upper Penn, North

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.)

1. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

2. Name of Operator

Nearburg Producing Company

3. Address of Operator

P.O. Box 823085, Dallas, TX 75382-3085

4. Well Location

Unit Letter B 660 : Feet From The North Line and 1,980 Feet From The East Line

Section

22

Townshi

19S

Range

25E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,471' GR

11. 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 & ABANDONMENT ☐

CASING TEST & CEMENT JOB ☐

OTHER: Surface Casing and Cement

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.

Drilled to 1,120'. C&C hole. RU and ran 25 jts 9-5/8" 36# J55 STC casing. Set casing at 1,120'. C&C hole. Cement casing using 800 sacks cement plus additives. Circulated 240 sacks cement to pit. WOC. Cut-off casing, weld on wellhead and test. NU BOPE and test.

WOC ? hrs

RECEIVED

JAN 09 1997

OIL CON. DIV.  
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Jordan TITLE Secretary of Drlg and Prod DATE 01/08/97

TYPE OR PRINT NAME Sarah A. Jordan TELEPHONE 505/397-4186

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: