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			
DO Box 1080	**	N 77	0004
DIL DVA IOXII	HODAG	NA.	X X 7/1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-28432	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESEF (FORM C-	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name B & B	
1. Type of Well: OIL GAS WELL X WELL	OTHER			
2. Name of Operator		V	8. Well No. #9	
Nearburg Producing Co 3. Address of Operator	ompany		9. Pool name or Wildcat	
P. O. Box 823085, Dal	las. TX 75382-3085		Dagger Draw; Upper Penn, North	
4. Well Location		***************************************		
Unit Letter J: 1,98	BO Feet From The South	Line and1,9	80 Feet From The East Line	
Section 22	Township 19S Ra	inge 25E	NMPM Eddy County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
	3,449' GR	AT-4 - CNI-d-a D	Parant or Other Data	
	Appropriate Box to Indicate I		REPORT, OF OTHER DATA SSEQUENT REPORT OF:	
NOTICE OF INT	ENTION TO:	SUE	SEQUENT NEPUNT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. U PLUG AND ABANDONMENT U	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			EMENT JOB	
OTHER:		OTHER: Extens	sion Request x	
work) SEE RULE 1103.			uding estimated date of starting any proposed	
Request extension fr	om originally approved	application.	RECEIVED	
			GCT 0 ର 1995	
	41	15/95	OIL COM. DIV.	
I hereby certify that the information above is trussionature	e and complete to the best of my knowledge and	belief. Admin, As:	snt. DATE 10/02/95	
TYPEOR PRINT NAME Paulette	Houston		TELEPHONE NO. 505/397-4	
(This space for State Use)		trut	Supervisor	

CONDITIONS OF APPROVAL, IF ANY: