Submit 3 Copies to Appropriate District Office

DISTRICT II

State Of New Mexico Minerals and Natural Resources Department

Form Revised	0/1	Ş

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DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

30-015-28432

5. Indicate Type of Lease

WELL API NO.

STATE FEE

811 South 1st St, Artesia, NM 88210 DI 10

PERFORM REMEDIAL WORK

any proposed work.) SEE RULE 1103.

TEMPORARILY ABANDON

							16. State Oil &	Gas Lease No.		
DISTRICT III										
1000 Rio Brazos	Rd, Aztec,	NM 8/410								
SUNDRY NOTICES AND REPORTS ON WELLS										
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG						7. Lease Nan	ne or Unit Agreement N	Name		
BACK T	O A DIFFE	RENT RESERV	VOIR. USE "APP	LICATION	I FOR PER	MIT"				
	(F	ORM C-101) F	OR SUCH PROP	OSALS.)						
1. Type of Well:										
OIL WELL		AS WELL	OTH	IER			B&B			
2. Name of Oper	rator						8. Well No.			
Nearburg Pro	oducing Co	ompany					#9			
3. Address of O	perator						9. Pool name	or Wildcat		
P.O. Box 823	085, Dalla	as. TX 7538	32-3085				Dagger D	raw; Upper Pe	nn, Nor	th
4. Well Location	1									
Unit Lette	er J	1,980 :	Feet From The	So	outh	Line and	1,980	Feet From The	East	Line
	Section	22	Townshi	198	Range	25E	NMPM	Eddy		County
			10. Elevation	(Show wh	ether DF. F	RKB. RT. GR.	etc.)			
				•	449' GF		,			
11.		Check Appr	opriate Box to	Indicate	Nature o	of Notice, Re	eport, or Oth	er Data		
		OF INTEN	=					ENT REPORT OF:		

CASING TEST & CEMENT JOB **PULL OR ALTER CASING OTHER:** Extension Request OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting

REMEDIAL WORK

COMMENCE DRILLING OPNS.

Request extension from previously approved application.

PLUG AND ABANDON

CHANGE PLANS

ALTERING CASING

PLUG & ABANDONMENT

JAM 9 0 1097

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Scott Kimbrogh & TITLE Mgr Drilling and Production	DATE	1.17.97
TYPE OR PRINT NAME E. Scott Kimbrough	TELEPHONE	505/397-4186
(This space for State Use)		
ORIGINAL SIGNED BY TIM W. GUM	!	IAN 27 1997
APPROVED BY DISTRICT II SUPLIEVISUR TITLE	DATE	MN & 1 1331

CONDITIONS OF APPROVAL, IF ANY: