Submit 3 Copies to Appropriate District Office		nd Natural F		Department		C		ised 1-1-89
DISTRICT P.O. Box 1980, Hobbs, NM 88240	UL CONS Santa Fe,	SERVATIO P.O. Box 2 New Mexic	088.3) 172	(EII	N = I	5-28432	θρ	
<u>DISTRICT II</u> 811 South 1st St, Artesia, NM 88210			١	MAR 11	1007 ST	ATE Gas Lease No.	FEE	X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		0.0111/	<u>. All</u>	CON				
SUNDRY NOTICE	S AND REPORT	S ON WE	:LES: 🖙					
(DO NOT USE THIS FORM FOR PF					7. Lease Nar	ne or Unit Agreemen	it Name	:
BACK TO A DIFFERENT RESE	RVOIR. USE "APP	LICATION F	OR PERM	IT"				1
(FORM C-101	FOR SUCH PROP	OSALS.)						
1. Type of Well:								:
OIL WELL X GAS WELL	OTH				B & B 8. Well No.			
2. Name of Operator					#9			
Nearburg Producing Company					9. Pool name or Wildcat			
3. Address of Operator P.O. Box 823085, Dallas. TX 75382-3085					Dagger Draw; Upper Penn, North			
4. Well Location	302-3003				24990.1	, <u>-</u> <u></u>		
Unit Letter J 1,980	: Feet From The	So	uth	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.) 3,449' GR								
11. Check Ap	propriate Box to	Indicate I	Nature of	Notice, R	eport, or Ot	her Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
	PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG & ABANDONMENT					
PULL OR ALTER CASING			CASING TEST & CEMENT JOB					
OTHER:	R: 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 1,138'. C&C hole. RU and ran 26 jts of 9-5/8" 36# J55 ST&C casing. Set casing at 1,138'. Cement casing w/1,200 sx plus additives. Circ 286 sx to pit. WOC. Cut-off casing, weld on wellhead and test. NU BOPE and test.

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	A to to the back of my knowledge and bolief		
I hereby certify that the information above is true and com			
SIGNATURE Kinster	TITLE Secretary of Drlg and Prod	DATE 03/0	7/97
TYPE OR PRINT NAME Kim Stewart		TELEPHONE 915/	686-8235
(This space for State Use) ORIGINAL SIGNED SY THE W	. GUM	MAD	4 0 10 07
APPROVED BY DISTRICT IS SUPERVISOR	TITLE	DATE	<u> </u>
CONDITIONS OF APPROVAL, IF ANY:			