

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
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-015-28628 |
| Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/> |
| State Oil & Gas Lease No. |
| Lease Name or Unit Agreement Name Osage Boyd 15 |
| Well No. 4 |
| 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.) | |
| Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER | |
| Name of Operator Nearburg Producing Company | |
| Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705 | |
| Well Location Unit Letter N 660 Feet From The south Line and 1980 Feet From The west Line Section 15 Township 19S Range 25E NMPM Eddy County | |
| Elevation (Show whether DF, RKB, RT, GR, etc.) 3459' GR | |

| | |
|---|----------------------------|
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | REMEDIAL WORK |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | ALTERING CASING |
| PULL OR ALTER CASING | COMMENCE DRILLING OPNS. |
| OTHER: | CASING TEST AND CEMENT JOB |
| | OTHER: |

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.

Nearburg Producing Company requests to temporarily abandon the above referenced well.

- 1.) MIRU well service unit.
- 2.) POOH w/ production equipment.
- 3.) Set CIBP at 7662'.
- 4.) Circulate with pkr fluid.
- 5.) Run M.I.T. @ 500# for 30 mins test pressure. *Chart test*
- 6.) RDMO well service unit.



Notify OCD 24 hrs. prior to any work done

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

SIGNATURE *Kim Stewart*

TITLE Regulatory Analyst

DATE 01-29-2002

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 31 2002