

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-83

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

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

DISTRICT III
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 ☒

State Oil & Gas Lease No.

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.)

Lease Name or Unit Agreement Name
Osage Boyd 15

Type of Well:
OIL WELL ☒ GAS WELL OTHER

Name of Operator
Nearburg Producing Company

Well No.
4

Address of Operator
3300 N.A. St., Bldg 2, Suite 120, Midland, TX 79705

Pool name or Wildcat
Dagger Draw; Upper Penn, North

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:

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 AND ANBANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Temporarily Abandon ☒

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.

02-01-02 MIRU well service unit.
02-01-02 Set CIBP at 7668'.
02-01-02 Circulate with pkr fluid.
02-04-02 Run M.I.T. @ 600 psi for 40 mins test pressure w/ OCD witness: Phil Hawkins.
02-04-02 RDMO well service unit.
02-04-02 Well TA'd and Final Report.

(Chart attached)

Temporary Abandoned Status approved
until 2-4-03

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 02-07-2002

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:

FEB 8 2002

