Submit 3 Copies to Appropriate District Office

State of New Mexico rrals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRIC	LI			
P.O. Box	1980,	Hobbs,	NM	88240

OIL CONSERVATION DIVISION

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			P.	O		В	o.	x	20	38	8

WELL API NO.	
30-015-29138	
5. Indicate Type of Lease	

DISTRICT II P.O. Drawer DD. Agesia, NM, 88310 Santa Fe, New Mexico, 87504-2088			30-015-29138			
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8/304-2088 DISTRICT III			5. Indicate Type of Lease STATE FEE X			
1000 Rio Brazos Rd., Aztec, NM 87410			6. 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.)			7. Lease Name or Unit Agreement Name			
I. Type of Weil: OIL GAS WELL XX WELL	OTHER		South Boyd 27			
2. Name of Operator			8. Weil No.			
Nearburg Producing Comp	any		#8			
3. Address of Operator			9. Pool name or Wildcat			
P.O. Box 823085, Dallas	, TX 75382-308	85	Dagger Draw; Upper Penn, North			
Unit Letter G: 1,980 Feet Section 27 Tow 11. Check Approp NOTICE OF INTENTICE PERFORM REMEDIAL WORK PLU	nship 19S Rai 10. Elevation (Show whether I 3,449 GR riate Box to Indicate N	nge 25E N DF, RKB, RT, GR, etc.) Nature of Notice, Re SUBS REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEA	port, or Other Data SEQUENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT			
12. Describe Proposed or Completed Operations (Class	-by state all angles at displace					
 Describe Proposed or Completed Operations (Clearwork) SEE RULE 1103. 	пу знаге ви ретичени венаих, анго	1 give pertinent dates, includi	ng estimated date of starting any proposed			
Drilled to 1,177'. C&C casing. Set at 1,177'. plus additives. Circula to control is here.	C&C hole. Ce	ement casing u	5/8" 36# J55 STC and LTC sing 1,200 sacks cement face.			

SEP 2 5 1925

OL CHARON.

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	80T : 1 4000
TYPEOR PRINT NAME E Scott Kimbrough	TELEPHONE NO. 505/397-418
SIGNATURE TO COST FININGY Mgr Drlg and Prod	DATE
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
0.137.2	

1 1930

APPROVED BY -

CONDITIONS OF APPROVAL, IF ANY: