

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.
30-015-29258

Indicate Type of Lease

STATE	FEE <input checked="" type="checkbox"/>
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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

Morris Arco 26

Type of Well:

OIL WELL GAS WELL OTHER Dry Hole

Name of Operator
Nearburg Producing Company

Well No.
2

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

Pool name or Wildcat
Cemetery Morrow

Well Location

Unit Letter B : 990 Feet From The North Line and 1650 Feet From The East Line

Section 26 Township 19S Range 25E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3418' GR

11

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 ABANDONMENT

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.

- 1.) MIRU P&A rig.
- 2.) Spot 35 sx plug @ 9240'. (Top of Morrow 9190', no porosity)
- 3.) Spot 30 sx plug @ 8075'. (Base 7" @ 8025') Tag
- 4.) Spot 30 sx plug @ 6400'. (Top Wolfcamp 6381').
- 5.) Spot 30 sx plug @ 4250'. (Top Bone Spring 4222')
- 6.) Spot 30 sx plug @ 2443'. (Top Glorieta 2393')
- 7.) Spot 30 sx plug @ 1150'. (Base 9-5/8" @ 1100') Tag
- 8.) Set 30' surface plug and dry hole marker.

NOTE: 9-5/8" and 7" casing both circulated. Hole loaded w/11# per. gal. mud.



* Notify N.M.O.C.D. To witness plugging operations.

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 10-10-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

M. S. Stillfield

TITLE

Field Rep. II

DATE

10/18/2000

CONDITIONS OF APPROVAL, IF ANY: