Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103		$\neg$	
Revised 1-1-09	Form C-103 Revised 1-1-	89	fy.

DISTRICT 1 OIL CONSERVATION DIVISION				
P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St.	WELL API NO. 30-015-29770			
DISTRICT II P.O. Drawer DD, Artesia, NM 88240	sIndicate Type of Lease			
20 700 Section 1997	STATE FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NIVI 97410 RECEIVED 1000 - ARTESIA	sState Oil & Gas Lease No.			
CINDOW NOTICE AND DEBMOIS ON WELLS	The state of the s			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIVE OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USBY PPULCATION FOR PERMIT"  (FORM C 191) POR SUCH PROPOSALS.)	7Lease Name or Unit Agreement Name			
Type of Well: OIL GAS WELL WELL OTHER				
₂Name of Operator	eWell No.			
Nearburg Producing Company	10 ₃Pool name or Wildcat			
3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	Dagger Draw; Upper Penn, North			
→ Well Location  Unit Letter O : 990 Feet From The South Line and 1980	Feet From The East Line			
Section 22 Township 19S Range 25E	NMPM Eddy County			
10Elevation (Show whether DF, RKB, RT, GR, etc.) 3453' GR				
11 Check Appropriate Box to Indicate Nature of Notice, Re	port, or Other Data			
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	PNS. PLUG AND ANBANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEM	ENT JOB			
OTHER: OTHER:				
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including e	stimated date of starting any proposed			
work) SEE RULE 1103.  1) MIRU well service unit. POOH w/ completion equipment.				
2) RU wireline truck and RIH w/ 7" CIBP, set at 7,700".  3) Dump hail 35' cmt and top of CIBP to TA wellbore.				
<ul> <li>4) Circulate wellbore w/ pkr fluid. Pressure test casing to 500 psi for 30 mins.</li> <li>5) RDMO well service unit.</li> </ul>				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Production Analy	ot 09-17-2002			
TYPE OR PRINT NAME Sarah Jorgan	TELEPHONE NO. 915/686-8235			
(This space for Slate Use)	uve			
F Complia	u, o			
TITLE	nce Officer DATE 10-8-07			
	nce Officer DATE 10-8-0>			