

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 III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-29993

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER DRY HOLE

2. Name of Operator

NEARBURG PRODUCING COMPANY

3. Address of Operator

P.O. BOX 823085, DALLAS, TEXAS 75382-3085

4. Well Location

Unit Letter G : 1650 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 5 Township 205 Range 25E NMPM EDDY County

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

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: ☐

12. 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. Set CIBP @ 7240', Dump 35' cement on CIBP, or spot 25 sx plug, TAG
2. Load hole w/ 9.6#, brine base mud.
3. Set 100' Wolfcamp plug 5714 to 5814'
4. Free Pint, cut and pull 7" casing @ 5200'±
5. Spot 100' stub plug, 50'in & 50' out of stub, woc, tag plug.
6. Spot 100' bone springs plug 3612 to 3712.
7. Spot 100' glorieta plug 2204 to 2304.
8. Spot 100' plug @ base of 9 5/8 50' & 50' out, 1107 to 1207', woc, tag.
9. Spot 10sx surface plug.
10. Set dry hole marker & restore location.

* 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 Eddie Gelwick TITLE OPERATIONS COORDINATOR DATE 1/8/99

TYPE OR PRINT NAME EDDIE GELWICK TELEPHONE NO. 214 739-1778

(This space for State Use)

APPROVED BY Maureen S. Hurrell TITLE Field Rep. II DATE JAN 16 99

CONDITIONS OF APPROVAL, IF ANY: