State of New Mexico ,, Minerals and Natural Resources Department

Form C-	103
Revised	1-1-8

DATE 3.21-60

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION**

Type of Well:

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

WELL X

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

1000 Rio Brazos Rd., Aztec, NM 87410

GAS WELL

2040 Pacheco St. Santa Fe, NM 87505

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.)

OTHER

, vj	d .	
WELL API NO.	4	
30-015-30816		
Indicate Type of Lease		
	STATE	FEE X

State Oil & Gas Lease No.

B&B 22

₅Well No.

Lease Name or Unit Agreement Name

₂Name of Operator Nearburg Producing Con	npany					₅Well No. 1			
3Address of Operator 3300 N A St., Bldg 2, Su		and, TX 79705	_			Pool name or Wildca	t		
4Well Location	120, 1110	4110, 170 10100				20ja Monon			
Unit Letter P :	660F	eet From The	South	Line and	990	Feet From The	East	Line	
22 Section	198	Township	25E	Range		NMPM	Eddy	County	
		₀Elevatio 3450' G	n (Show whether Di iR	F, RKB, RT, GR, etc	c.)				
11 C	heck App	ropriate Box	to Indicate N	Nature of Not	tice, Rep	ort, or Other D	ata	· -	
NOTICE OF INTENTION TO: SUBS					SUBS	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND A	BANDON	REMEDIAL W	ORK		ALTERING CA	ASING	
TEMPORARILY ABANDON		CHANGE PLA	ANS	COMMENCE	ORILLING OP	NS.	PLUG AND AN	BANDONMENT	
PULL OR ALTER CASING				CASING TEST	AND CEME	NT JOB			
OTHER:				OTHER: Sur	rface Casir	ng and Cement			
12Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Clearly state all per	tinent details, and g	ive pertinent dates,	including esti	mated date of starting	any proposed		
02/28/00: Spud well @22	200 hrs on 0	2/28/00.							
03/02/00: Drilled to 1,109 + additives. Circ 166 sx to	9'. C&C hole	e. RU and ran 2	28 jts 9-5/8" 36#	& 40#, J55, ST	&C csg. S	et csg @ 1,109'.	Cmt csg usin	g 1,100 sx cmt	
+ additives. Circ 100 sx to	Sunace. W	700 to this. Ot	it on casing and	NO DOFE and	1031.		16/570		
							1077		
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						. JE1	Tun	ing the second	
						10.7	ARTESIA		
							-जाम र्	<i>3</i> /	
							1296		
I hereby certify that the informa	tion above is tru	ie and complete to				***			
SIGNATURE	She	Tuse		TITLE Regulato	ry Analyst		DATE 03-	14-00	
TYPE OR PRINT NAME KIM St	ewart						TELEPHONE NO.	915/686-8235	

Line W. Gum IIILE District Supervisor