

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. 30-015-22947
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Big Walt 2 State
Well No. 1
Pool name or Wildcat Indian Basin Upper Penn

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	
Well Location Unit Letter C : 660 Feet From The North Line and 2130 Feet From The West Line Section 2 Township 22S Range 24E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3892' GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Temporarily Abandon ☒

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.

Nearburg Producing Company request to Temporary Abandon the above referenced well.

- 1.) MIRU well service unit 12/20/00.
- 2.) POOH w/ tbg. Set CIBP at 7820' - 50' above top perf @ 7870' on 12/21/00.
- 3.) Circulate with pkr fluid and pressure test to 500 psi to comply with the N.M.O.C.D M.I.T requirements.
- 4.) RDMO well service unit on 12/22/00.
- 5.) Well TA'd. FINAL REPORT.



1-2006

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 01-09-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO 915/686-8235

(This space for State Use)

APPROVED BY Benny Guy

TITLE Field Rep 1

DATE 1-18-01

CONDITIONS OF APPROVAL, IF ANY:



