C15F

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-27509

Indicate Type of Lease STATE [X] FEE

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: Big Walt 2 State

Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

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: Indian Basin Upper Penn

Well Location
Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 22S Range 24E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.): 3930' GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ANBANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

Nearburg Producing Company request to Temporary Abandon the above referenced well

1.) MIRU well service unit.
2.) Set CIBP at 7812'. (Perfs 7862' - 7900').
3.) Circulate with pkr fluid.
4.) RDMO well service unit.

* M.I.T. required.

Min. test pressure 300 # for 30 minuate test period on chart recorder.

* Notifie N.M.O.C.D. To witness M.I.T.

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 10-11-00

TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 10/11/2000

CONDITIONS OF APPROVAL, IF ANY: