Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 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

5 Indicate Type of Lease

STATE **X**   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.)

7 Lease Name or Unit Agreement Name

Big Walt 2 State

1 Type of Well:
OIL
WELL   GAS
WELL **X**   OTHER

2 Name of Operator
Nearburg Producing Company

8 Well No.
2

3 Address of Operator
3300 N A St., Bldg 2, Suite 120, Midland, TX 79705

9 Pool name or Wildcat
Indian Basin Upper Penn

4 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

10 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.

OCT 2000
RECEIVED
OCD - ARTESIA

✗ 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 *Mae Stubblefield*   TITLE *Field Rep II*   DATE *10/20/2000*

CONDITIONS OF APPROVAL, IF ANY