Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	L CONSERVATI P.O. Box 2		WELL API NO.	
DISTRICT II	Santa Fe, New Mexic		30-015-28152	
P.O. Drawer DD, Artesia, NM 88210	Sama re, new wexto	J 0750+2000	5. Indicate Type of Lea	STATE FEE E
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Leas	se No.
SUNDRY NOTICES	AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSA	ALS TO DRILL OR TO DEEP	EN CHAPTER PARTIES MA	7. Lease Name or Unit	Agreement Name
DIFFERENT RESERVOR (FORM C-101) F	. USE APPLICATION FOR FOR SUCH PROPOSAL	E WEIVE D	Fairchild 13	
1. Type of Well:		1005		
WEIL WEIL X	OTHER	MAR 1 0 1995	1 2 21/11/21	
Name of Operator Nearburg Producing Compa	ın v	- and Dil	8. Well No. 	
3. Address of Operator	<u> </u>	III COMO -	9. Pool name or Wildca	ıt
P. O. Box 823085, Dallas	, TX 75382-3085	DIST. 2	Boyd; Morro	<u>w</u>
4. Well Location			Feet From The	West Lin
Unit Letter <u>K</u> : 1,650 F	feet From The South	Line 2nd 1900	Feet From The	
Section 13	Township 19S	Range 25E	NMPM	Eddy County
	10. Elevation (Show wheth	her DF, RKB, RT, GR, etc.)		
	3497' GR			
	opriate Box to Indicat	e Nature of Notice, R	eport, or Other Da	ta
NOTICE OF INTEN	TION TO:	SUE	SEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALT	ERING CASING
	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLU	G AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB	
OTHER:		OTHER: Extens		[
			ding estimated date of start	ting any proposed
12. Describe Proposed or Completed Operations (6 work) SEE RULE 1103.	Clearly state all pertinent delaus	, and give periment dutes, inclu	and estimated date of sur-	and any proposed
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Request an extension of	the original appl	lication.		
Request an excension of	11			
		4	3/11/85	
		/0	0////2)	
Application	N EXPIRE	D		
I hereby certify that the information above is true and co				
	nti ous	mme Mgr of Drlg	& Prod	DATE 03/09/95
SIONATURE TO TOTAL CONTRACTOR		TITLE		UAIE
TYPE OR PRINT NAME				TELEPHONE NO.
(This space for State Use)	SU TING IN MIRE			w ∧ □ a ∧ 100 0 5
ORIGINAL SIGNED I DISTRICT II SUPERI		TTI P		MAR 3 0 1990

APPROVED BY -