

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-28364

5. Indicate Type of Lease
STATE ☐ 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

Fairchild 24

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Nearburg Producing Company

8. Well No.
#2

3. Address of Operator
P. O. Box 823085, Dallas, TX 75382-3085

9. Pool name or Wildcat
Dagger Draw; Upper Penn, North

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1,980 Feet From The East Line

Section 24 Township 19S Range 25E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,402' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Extension Request</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Request an extension of original application approved on 03/09/95.

RECEIVED

SEP 07 1995

OIL CON. DIV.

DIST. 2

Posted 10-1
9-27-96

3/18/96

APPLICATION EXPIRED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Paulette Houston TITLE Admin. Asst. DATE 09/05/95

TYPE OR PRINT NAME Paulette Houston TELEPHONE NO. 505/397-4186

(This space for State Use)
ORIGINAL SIGNED BY TIM W. CUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 11 1995

CONDITIONS OF APPROVAL, IF ANY:

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