Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-89

Form C-103
Revised 1-1-89

District Office	Energy, wither as and reading if	resources Department	Revised 1-1-8	39	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20		WELL API NO.		
DISTRICT II	F.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-015-28429		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE F	EE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	EE GE	
SUNDRY NOT	ICES AND REPORTS ON WE	LLS			
(FORM C	DPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name B & B		
1. Type of Well: Oil GAS WELL X WELL	OTHER				
 Name of Operator Nearburg Producing Cor 	mpany		8. Weil No. #3		
3. Address of Operator	mparry ,		9. Pool name or Wildcat		
P. O. Box 823085, Dal	las, TX 75382-3085		Dagger Draw; Upper Penn,	, Nort	
4. Well Location Unit Letter A . 66	O Feet From The North	Line and 660	Feet From The East	T in a	
Section 22	- :	250	Fddy	Line	
	10. Elevation (Show whether 3, 469 ' GR	DF, RKB, RT, GR, etc.)	NMPM Eddy C	County	
11. Check A	Appropriate Box to Indicate 1	Vature of Notice D	anast as Other Date		
NOTICE OF INT	FNTION TO:		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. U PLUG AND ABANDONMI	ENT	
PULL OR ALTER CASING	ER CASING CASING TEST AND CE		EMENT JOB		
OTHER:		OTHER: Extensi	on Request	x	
12. Describe Proposed or Completed Operation work) SEE RULE 1103. Request extension from	n previously approved a		ling estimated date of starting any proposed		
			RESEMBO		
APPROVAL VALID FORDAYS PERMIT EXPIRESDAYS UNLESS DRILLING UNDERWAY		ŝ			
			OIL COM. DIV. Det. 2		
_					
I hereby certify that the information above is true a		1. 6			
SIGNATURE VCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	and complete to the best of my knowledge and b	ene. _E <u>Administrati</u> v	ve Assistant DATE 03/01/9	6	
TYPEOR PRINT NAME Paulette Ho			TELEPHONE NO. 505/3		
(This space for State Lie)					
ORIGINAL SI	GNED BY TIM W. GUM SUPERVISOR		MAR 11 1	1996	