Submit 3 Copies		State Of New Mexico English Minerals and Natural Resources Department		<i>ا</i> م	CF F	orm C-10
to Appropriate District Office	Ene Minerals and Natura			<i>-</i> /	Revi	sed 1-1-8
DISTRICT	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2088			30-015-28429 5. Indicate Type of Lease			
DISTRICT II 811 South 1st St, Artesia, NM 88210			STAT	1 }	FEE	X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	3		o. State Off & C	Das Lease NO.		
SUNDRY NOTICES AND REPORTS ON WELLS						<u> </u>
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG			7. Lease Name or Unit Agreement Name			
BACK TO A DIFFERENT RE			•			
	01) FOR SUCH PROPOSALS.)		_			
Type of Well:  OIL WELL X GAS WELL OTHER			B & B			
2. Name of Operator			8. Well No.			
Nearburg Producing Company			#3			
3. Address of Operator P.O. Box 823085, Dallas. TX 75382-3085			Pool name or Wildcat     Dagger Draw; Upper Penn, North			
4. Well Location	Dagger Diaw, Opper Ferm, North					
Unit Letter A 660	: Feet From The No	orth Line and	660	Feet From The	East	Line
Section 22	Townshi 19S	Range 25E	NMPM	Eddy		County
\$20 mag	10. Elevation (Show whe		etc.)			
3,469' 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 CA	SING	
TEMPORARILY ABANDON				PLUG & ABAN	DONMENT	
PULL OR ALTER CASING		MENT JOB				
OTHER:		отнек: Exten	sion Reque	st		
12. Describe Proposed or Completed (	Operations (Clearly state all pertin	ent details, and give per	rtinent dates, inclu	uding estimated dat	e of starting	
any proposed work.) SEE RULE 1103	<b>).</b>					
Request extension	from previously appro	ved application.				
			stead May 1	mana ang kanalang a	,	
			1.3 ma		Section 188	
100 00 00 00 00 00 00 00 00 00 00 00 00				MM 9 0 100.	7	
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Lhoroby codify that the information of	ovo je trug and complete to the	net of my knowledge and	L holief			<del></del>
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE & Scott Kurrebraugh STITLE Mgr Drilling and Production  DATE 1-17-97						
<b>U</b>						
TYPE OR PRINT NAME E. SC	ott Kimbrough			TELEPHONE 5	505/397-	4186

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ASSESSED TITLE