Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
District I - (575) 393-6161			WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDUATION PRUGGOS		30-025-4082	6 ./
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X	FEE ·
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Salita PC, INIVI 67505		6. State Oil & Gas Leas	se No.
87505			VB-1702-0001	A
SUNDRY NOTICES AND REPORTS ON WEL LOBBS OCD (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit	_ /
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Midway State	8	
1. Type of Well: Oil Well	Gas Well Other	Gas Well Other JUL 0 7 2014		./
2. Name of Operator			9. OGRID Number	V
Nearburg Producing Company V PECTIVED 3. Address of Operator		15742		
· .	reet, Building 2, Suite	120. Midland	Midway Stra	
4. Well Location	TX 797			
Unit Letter C	: 932 feet from the North	line and 1	feet from the	West line
Section 8		ange 37E	NMPM Lea Cou	nty NM
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)		A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other Data	
NOTICE OF I	NTENTION TO:	SUR	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK		ERING CASING
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS ♣ P AND A ☐				
PULL OR ALTER CASING	<u></u>	CASING/CEMENT	JOB 🗆	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	」 ヿ ・			
OTHER:		OTHER:		
	npleted operations. (Clearly state all work). SEE RULE 19.15.7.14 NMAGE ecompletion.			
1 1 1	•			
	10 feet using Rat Hole			
with locking cap on	7/01/14. Mixed and pump	ed 1.6 yards	of ready-mix cen	ment to surface.
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		<u></u>		
Spud Date: June 30, 20	014 Rig Release Da	ate:		
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I hereby certify that the information	on above is true and complete to the b	est of my knowledge	e and belief.	
~ ·	1			7.10.14.1
SIGNATURE	TITLE Reg	gulatory Manag	gerDATE_	7/2/14
Type or print name Tim Gre	en E-mail addres	s: tgreen@nea r	burg.com _{PHONE}	432-818-2940
For State Use Only				
APPROVED BY:	Accepted for Reco	lia al	DATE	
Conditions of Approval (if any):			DATE_	`
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