

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 88201

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410



OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-015-32636

Indicate Type of Lease

STATE ☐

FEE ☐

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.)

Lease Name or Unit Agreement Name

Big Walt 2 State

Type of Well:

OIL  
WELL ☒

GAS

WELL ☐

OTHER

Name of Operator

Nearburg Producing Company

Well No.

#4

Address of Operator

3300 N A St., Bldg 2, Suite 120, Midland, TX 79705

Pool name or Wildcat

Indian Basin; Upper Penn, Associated

Well Location

Unit Letter 4 : 660 Feet From The North Line and 840 Feet From The West Line

Section 2 Township 22S Range 24E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3874

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Production Csg and cmt ☒

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.

Drd to 8281'. Log well. RU csg crew and ran 201 jts 7" J55 & N80 26# & 23# LT&C csg. Set @ 8281'. Cmt csg as follows:  
Stage 1 - 295 sxs 50/50 POZ. Circulated 100 sxs to pit. Stage 2 - 650 sxs Interfill and tail w/ 100 sxs of Premium plus. Circ 175 sxs to pit.

ND BOPE, set slip and jet pits. Released Rig 0300 hrs 10/13/03.

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

SIGNATURE

TITLE Production Analyst

DATE 10-13-2003

TYPE OR PRINT NAME Sarah Jordan

TELEPHONE NO. 432/686-8235 x 203

(This space for State Use)

APPROVED BY

TITLE

DATE

OCT 16 2003

CONDITIONS OF APPROVAL, IF ANY: