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 F.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.

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LL API NO.		
0-015-29258		

WE 3 Santa Fe, NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6State Oil & Gas Lease No 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS and the state of t (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Morris Arco 26 Type of Well: GAS WELL OTHER ₅Well No 2Name of Operator 2 Nearburg Producing Company Pool name or Wildcat 3Address of Operator Cemetary Morrow 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705 ₄Well Location 1650 990 North East Feet From The Line and Feet From The Unit Letter 25E Eddv **19S** 26 Range **NMPM** County 10Elevation (Show whether DF, RKB, RT, GR, etc.) 3418' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT X CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING**

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

OTHER:

1.) MIRU P&A rig on 01/31/01.

OTHER:

- Spot 35 sx plug @ 9240'. 02/01/01 2.)
- Spot 30 sx cement plug @ 8075'. WOC. Tagged @ 7955'. 02/01/01.
- Spot 30 sx cement plug @ 6400'. 02/02/01. 4.)
- 5.) Spot 30 sx plug @ 4250'. 02/02/01.
- 6.) Spot 30 sx plug @ 2443'.
- 7.) Spot 30 sx plug @ 1150'. 02/02/01. 8.) Tag plug @ 1045'. 02/03/01.
- Set 30' surface plug. 02/03/01
- 10.) Install dry hole marker.
- 11.) Well P&A'd. RDMO on 02/03/01. FINAL REPORT.



I hereby certify	that the information ab	ove is true and complete to the best of m	y knowledge and belief.	
SIGNATURE	Kin	Steward	TITLE Regulatory Analyst	DATE 02-07-01
	NAME Kim Stewart			TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

