

C/SF

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-29767
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name  South Boyd "27"
Well No. 2
Pool name or Wildcat Dagger Draw, Upper Penn, North

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.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator Nearburg Producing Company
Address of Operator 3300 North "A" Street, Bldg 2, Suite 120, Midland, TX 79705	Well Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>19S</u> Range <u>25E</u> NMPM <u>Eddy</u> County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3,468' GR	

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

NOTICE OF INTENTION TO:

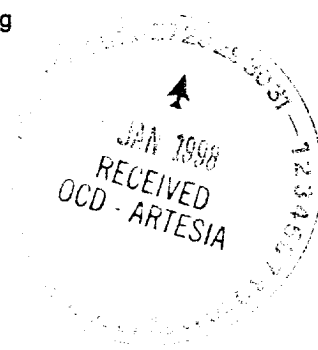
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Surface Casing and Cement ☒

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.

Drilled to 1,125'. C&C hole. RU and run 25 jts 9-5/8" 36# K55 LTC casing. Set casing at 1,125'. Cement casing using 1,200 sx. cement plus additives. Circ 344 sx. cement to surface. WOC for 12 hrs. Cut casing off and weld on wellhead. NU BOPE and test.



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

SIGNATURE E. Scott Kimbrough TITLE Manager of Drilling and Production DATE 1/26/98  
TYPE OR PRINT NAME E. Scott Kimbrough TELEPHONE NO. 915 686-8235

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE FEB 2 1998

CONDITIONS OF APPROVAL, IF ANY: