

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 87240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 June 19, 2008

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 3001521141
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Holstun SWD ✓
8. Well Number 1 ✓
9. OGRID Number 015742 ✓
10. Pool name or Wildcat SWD: Devonian

**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)

1. Type of Well:  
 Oil Well  Gas Well  Other SWD

2. Name of Operator  
 Nearburg Producing Company

3. Address of Operator  
 3300 N A St., Bldg 2, Ste 120, Midland, TX 79705

4. Well Location ✓  
 Unit Letter B : 660 feet from the North line and 1980 feet from the East line  
 Section 4 Township 20S Range 25E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3592.6 GR

12. 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  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE

OTHER:

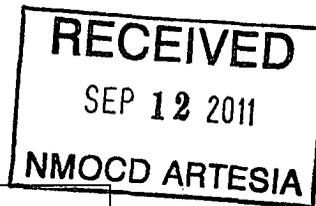
SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB

OTHER: bradenhead test

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/22/11 Mr. Richard Inge OCD on location. Performed bradenhead test on well. Test ok - passed.



Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Regulatory Analyst DATE 9-9-11  
 Type or print name Terri Stathem E-mail address: tstathem@nearburg.com PHONE 432/818-2950

For State Use Only

APPROVED BY Richard Inge TITLE COMPLIANCE OFFICER DATE 9/13/11

Conditions of Approval (if any):