

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.
30-015-23049

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.)

Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

Name of Operator
Nearburg Producing Company

Lease Name or Unit Agreement Name

Parino

Well No.
1

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

Pool name or Wildcat
Dagger Draw Upper Penn, North

Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 23 Township 19S Range 25E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3417' GR

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: ☐

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.

Nearburg Producing Company request to Temporary Abandon the above referenced well

- 1.) MIRU well service unit.
- 2.) POOH w/ production equipment
- 3.) Set CIBP at 7746'. (Perfs 7796' - 7820').
- 4.) Circulate with pkr fluid.
- 5.) Run M.I.T. @ 300# for 30 mins.
- 6.) RDMO well service unit.

MIT. Test Requirements:

Min Test Period 30 mins

M.I.T. Test Pressure 5000.

on Chart Recorder.

* Please TA Well within 90 days.

* Notify N.M.O.C.D. to witness MIT.

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

SIGNATURE

Kim Stewart

TITLE Regulatory Analyst

DATE 12-27-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

Marie S. Gifford

TITLE

Field Rep. II

DATE

1/11/2001

CONDITIONS OF APPROVAL, IF ANY:

