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 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-26037

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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.)

RECEIVED

FEB 22 '89

O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name

Anderson 10J

1. Type of Well:
   OIL WELL ☐   GAS WELL ☒   OTHER

2. Name of Operator
   Nearburg Producing Company

3. Address of Operator
   P. O. Box 31405, Dallas, Texas 75231-0405

4. Well Location

8. Well No.
2

9. Pool name or Wildcat
Und. Cemetary Morrow

Unit Letter __J__ : __1980__ Feet From The __East__ Line and __1980__ Feet From The __South__ Line

Section __10__ Township __20S__ Range __25E__ NMPM __Eddy__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3416.0' 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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Activity ☒

12. 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.

1/8/89   Ran 32 jts. 24# 8-5/8" casing set @ 1360'. Cemented with 300 sx Thick-Set, 750 sx Halliburton Lite, 200 sx Premium Plus. Circulated 300 sx.

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

SIGNATURE _____ TITLE Engineering Manager DATE 2/21/89

TYPE OR PRINT NAME T. R. MacDonald TELEPHONE NO. (214) 739-1778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: