

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.

30-025-32684

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.)

Lease Name or Unit Agreement Name

Shipp 20

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Well No.

1

Pool name or Wildcat

Midway; Strawn, South

Name of Operator

Nearburg Producing Company

Address of Operator

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

Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 20 Township 17S Range 37E NMPM Lea County

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

3768' 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. ☐

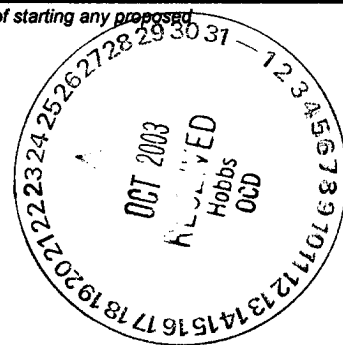
PLUG AND ANBANDONMENT ☐

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.

1. MIRU.
2. Set CIBP @ 10,800'. Dump 35' cmt on plug.
3. Spot 25 sx plug @ 9600'. (Top of Wolfcamp 9695').
4. Spot 25 sx plug @ 7000'.
5. Cut 5-1/2" csg @ 5225'. Spot 35 sx plug. 50 in and 50 out of stub. Base of 8-5/8" @ 5167'.
6. Spot 35 sx plug @ 3000'.
7. Cut 8-5/8" @ 2000'. Spot 40 sx plug. 50 in and 50 out of stub.
8. Spot 40 sx plug @ 450'. (Base of 13-3/8" @ 400').
9. Set surface plug 60' to surface.
10. Set dry hole marker.



THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE

TITLE Production Analyst

DATE 10-22-2003

TYPE OR PRINT NAME Sarah Jordan

TELEPHONE NO. 432/686-8235 x 203

(This space for State Use)

OC DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY

TITLE

DATE OCT 27 2003

CONDITIONS OF APPROVAL, IF ANY: