Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources District I		June 19, 2008 WELL API NO.
District I 1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.		30-025-33727
1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 JAN 1 4 2011 Santa Fe, NM 87505 District IV		STATE 🔯 FEE 🗆
1220 S. St. Francis Dr., Santa Fe, NM TORRES		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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.)		Maverick 16 State
1. Type of Well: Oil Well ☑ Gas Well ☐ Other		8. Well Number 1
2. Name of Operator		9. OGRID Number
Nearburg Producing Company		10. Pool name or Wildcat
3. Address of Operator 3300 N A St., Bldg 2, Ste 120, Midland, TX 79705 4. Well Location		Wildcat - Seven Rivers Queen
Į.	et from the South line and	2310 feet from the East line
Section 16 To	ownship 20S Range 32E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3511		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
NOTICE OF INTENTION T		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE	1 43 4	
OTHER:	OTHER: Clean lo	cation dry hole marker
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.		
1-11-2011 API# engraved on dry hole marker, clean location per NMOCD insturction.		
TIT LOTT		
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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 TITLE Production/ Regulatory Analyst DATE 1/11/2011		
SIGNATURE TO THE SIGNATURE	tstathem@nea	rburg.com
Type or print name Terri Stathem	E-mail address:	PHONE <u>432/8182950</u>
For State Use Only		
APPROVED BY Company TITLE STAFF MAR DATE 1-18-2011		
Conditions of Approval (ifany):		