

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. 30-025-05068
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Midhurst
Well No. 2
Pool name or Wildcat Gladiola Penn, Southwest

**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 <input checked="" type="checkbox"/> OTHER
Name of Operator Nearburg Producing Company
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705
Well Location Unit Letter F 1880 Feet From The North Line and 1880 Feet From The West Line Section 35 Township 12S Range 37E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.)

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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: Moved location. ☐

### 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.) Dump 35' cement on existing CIBP @ 9,715' w/bailer. - TAG
- 2.) Set CIBP @ 9,500', dump 35' cement on top - TAG
- 3.) Perforate 5,920', squeeze 50 sx cement (50' above and 50' below) (tag)
- 4.) Cut and pull 5-1/2" casing @ 4,550'
- 5.) Set 40 sxs plug @ 50' in and 50' out of 5-1/2" csg stub. WOC and tag
- 6.) Set 35 sxs plug @ 2,260' - 2,160'
- 7.) Set 35 sxs plug @ 460' - 360' (tag)
- 8.) Set 10 sxs plug @ surface.
- 9.) Set Dry Hole Marker.

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 09-06-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO 915/686-8235

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

