

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.
30-025-00375

5. Indicate Type of Lease
STATE XX FEE

6. State Oil & Gas Lease No.
NM2979

7. Lease Name or Unit Agreement Name

New Mexico "S"

1. Type of Well:
OIL WELL XX GAS WELL OTHER

2. Name of Operator
Nearburg Producing Company

8. Well No.
1

3. Address of Operator
P. O. Box 823085, Dallas, TX 75382-3085

9. Pool name or Wildcat
N. Anderson Ranch Wolfcamp

4. Well Location
Unit Letter B : 1650 Feet From The East Line and 990 Feet From The North Line

Section 2 Township 165 Range 32E NMPM Lae County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT XX
CASING TEST AND CEMENT JOB
OTHER 1

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) 7-17-97 Set 5 1/2 CIBP @ 12125'
- 2) 7-18-97 Circulate hole W/mud
- 3) 7-18-97 25 sx cmt from 12125-11772
- 4) 7-18-97 40 sx cmt from 10290-10094
- 5) 7-18-97 25 sx cmt from 7550-7427
- 6) 7-22-97 Cut & pull 7-5/8 from 4840'
- 7) 7-23-97 150 sx @ 5300' W.O.C., Tag @ 4765
- 8) 7-24-97 50 sx cmt @ 4174, Tag @ 4010
- 9) 7-24-97 50 sx cmt @ 1440-1305
- 10) 7-25-97 25 sx @ 50' to surface

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNATURE E. K. Kleck TITLE District Secretary DATE 8/1/97

TYPE OR PRINT NAME E. K. KLECK TELEPHONE NO. 683-5321

(This space for State Use)

APPROVED BY GARY W. WINK TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

CONDITIONS OF APPROVAL, IF ANY: