Submit 3 Copies
to Appropriate
District Office

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.
30-025-30507

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
V-926

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.)

7. Lease Name or Unit Agreement Name
Soledad 19 State

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER Dry Hole

2. Name of Operator
Nearburg Producing Company

8. Well No.
B 2

3. Address of Operator
P. O. Box 31405 Dallas, TX 75231

9. Pool name or Wildcat
N. E. Lovington Pennsylvanian

4. Well Location
Unit Letter F : 1900 Feet From The North Line and 2400 Feet From The West Line

Section 19 Township 16S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3845.1 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 [X]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

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.

12-31-88   Plugged well as follows: Plugging Information

#1 plug	50 sx	11,150-11,300'
#2 plug	30 sx	9,852- 9,952'
#3 plug	30 sx	7,552- 7,652'
#4 plug	30 sx	6,210- 6,310'
#5 plug	30 sx	4,800- 4,900'
#6 plug	30 sx	4,160- 4,260'
#7 plug	30 sx	2,180- 2,280'
surf plug	10 sx	

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

SIGNATURE Eddie J. Gelwick

TITLE Operation Coordinator   DATE 4-10-89

TYPE OR PRINT NAME Eddie J. Gelwick

TELEPHONE NO. (214) 739-1778

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: