

Submit: Copies  
to Appropriate  
District Office

State of New Mexico  
Department of Geology, Minerals and Natural Resources

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.  
30-025-30987

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. 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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Nearburg Producing Company

3. Address of Operator  
419 W. Cain, Hobbs, NM 88240

4. Well Location  
Unit Letter F : 2130 Feet From The North Line and 2130 Feet From The West  
Section 17 Township 16-S Range 37-E NMPM Lea 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 ☐ 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 ☐  
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.

- 1) Set 5 1/2" CIBP @ 10430' Cap W/35' cmt
- 2) Load hole with mud
- 3) Cut 5 1/2" csg @ 6402' pull out of hole
- 4) Spot 25 sx cmt Plug @ 7744'
- 5) Spot 50 sx cmt Plug @ 5 1/2" stub 6454' W.O.C. Tag cmt top @ 6259'
- 6) Spot 35 sx cmt Plug @ 8-5/8 shoe @ 4452' W.O. C. Tag cmt top @ 4395'  
Spot 30 sx cmt to bring cmt up to 4350'
- 7) Spot 30 sx cmt plug @ 2100'
- 8) Spot 30 sx cmt plug @ 13-3/8 shoe 447'
- 9) Spot 10 sx cmt plug @ surface
- 10) Well completed 11-22-96

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

SIGNATURE Raymond Maldonado TITLE Supervisor DATE 11-27-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE Supervisor DATE 11-27-96

CONDITIONS OF APPROVAL, IF ANY: