

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.

30-025-30987

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Western 17F State

8. Well No.

1

9. Pool name or Wildcat

Lovington-Pennsylvanian, Northeast

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

P. O. Box 823085, Dallas, Texas 75382-3085

4. Well Location

Unit Letter F : 2130 Feet From The north Line and 2130 Feet From The west Line

Section 17 Township 16S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3837.7' 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 ☒

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.

10/01/90: Plugged and abandoned well as follows:

35 sx - 11,573'-11,473' Class H
35 sx - 9,678'- 9,578' Class H
35 sx - 8,432'- 8,332' Class C Neat
35 sx - 5,071'- 4,971' Class C Neat
35 sx - 4,450'- 4,350' Class C Neat
25 sx - 2,132'- 2,032' Class C Neat
10 sx - surface Class C Neat

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

SIGNATURE Machelle Byrum TITLE Production Secretary DATE 10/2/90

TYPE OR PRINT NAME Machelle Byrum TELEPHONE NO. 214/739-1778

(This space for State Use)

FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: