Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department				⊦orm Revised		
	OIL CONSERVATION DIVISION		WAPI NO	•			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025	-33503			
•		2000	5. Indicate Type				
<u>DISTRICT II</u> 811 South 1st St, Artesia, NM 88210		STA	TE X	FEE			
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			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			7. Lease Name or Unit Agreement Name				
BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				J			
(FORM C-10	1) FOR SUCH PROPOSALS.)						
1. Type of Well:							
OIL WELL X GAS WELL OTHER 2. Name of Operator			Ocho State "36"				
Nearburg Producing Company			#1				
3. Address of Operator			9. Pool name or Wildcat				
3300 North "A", Street, Bldg 2, Ste 120, Midland, TX 79705			Shipp Strawn				
4. Well Location		41	000				
Unit Letter I 2,310): Feet From The Sou	tnLine and	660	Feet From The	East	Line	
Section 36	Township 16S	Range 37E	NMPM	Lea	Co	unty	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)							
	3,74	17' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INT	SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	REMEDIAL WORK		ALTERING CA	SING			
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG & ABANDON			IDONMENT		
PULL OR ALTER CASING		CASING TEST & CEMENT JOB					
OTHER:		отнея: Extension Request					
12. Describe Proposed or Completed C	inerations (Clearly state all pertine	nt details, and give ne	rtinent dates inc	duding actimated da	to of otarting		
any proposed work.) SEE RULE 1103.		in dotalio, and give pe	runent dates, inc	adding estimated da	te or starting		
any proposed workly see research							
Request extension	from previously approv	ed application					
rioquoti oxionolori	nom providusty approv	ca application.					

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

SIGNATURE

SIGNATURE

TITLE Mgr of Drilling and Production

DATE 06/23/97

TYPE OR PRINT NAME E. Scott Kimbrough

TELEPHONE 915/686-8235

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: