Submit 3 Copies

State Of New Mexico

Form C-103

District Office	Energy, Minerals ar	id Naturai Resources D	epartment		Re	vised 1-1 - 89
		ERVATION DIVISI	ON [WE APINO.		
DISTRICT I P.O. Box 1980, Hobbs, NM 80		P.O. Box 2088 New Mexico 87504-208	38	30-025-33733 5. Indicate Type of Le	200	
DISTRICT 811 South 1st St, Artesia, NM	88210			STATE	FEE	x
DISTRICT III 1000 Rio Brazos Rd, Aztec, N	IM 87410			6. State Oil & Gas Lea	ase No.	
	D 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 DIFFER	ENT RESERVOIR. USE "APPL	ICATION FOR PERMIT				
	ORM C-101) FOR SUCH PROPO	SALS.)				
1. Type of Well:						
OIL WELL GA 2. Name of Operator	S WELL X OTH	ER		Grasslands "27 8. Well No.	<u> </u>	
Nearburg Producing Co	mpany			o. Well No.		
3. Address of Operator				9. Pool name or Wildo	cat	
	Bldg 2, Ste 120, Midland, T	X 79705		Wildcat - Devo	nian	
4. Well Location Unit Letter P:	1,243' Feet From The	South Li	ne and	353' Feet F	From The Eas	t Line
Section	27 Township 15S	Range	34E	NMPM	Lea	County
	//////////////////////////////////////	Show whether DF, RKE	3, RT, GR, e	etc.)		
		4,071' GR				
	Check Appropriate Box to	ndicate Nature of N	Notice, Re	port, or Other Data	a	
NOTICE	OF INTENTION TO:		;	SUBSEQUENT RE	EPORT OF:	
PERFORM REMEDIAL WOR	PLUG AND ABANDO	N REMEDIA	L WORK	Al	LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	X COMMEN	ICE DRILLII	NG OPNS. PI	LUG & ABANDONMEN	т
PULL OR ALTER CASING		CASING 1	TEST & CE	MENT JOB		
OTHER:		OTHER:				
12. Describe Proposed or Cor any proposed work.) SEE RU	mpleted Operations (Clearly state	e all pertinent details, a	and give per	tinent dates, including e	estimated date of startir	ng
any proposed workly see re	JEE 1100.					
Nearburg Pro	oducing requests perr	nission to exten	d the pe	ermitted depth to	o 14.700'. 🦒	
	5 - 4		р-			
I hereby certify that the inform	nation above is true and cemple	e to the best of my kno	wledge and	belief.		/2
SIGNATURE	Hot Simp	TITLE Manager of	f Drilling a	and Production	DATE <u>8/2</u>	3/97
TYPE OR PRINT NAME	E. Scott Kimbrough			TEL	_EPHONE (915) 68	6-8235
(This space for State Use)		ODIO				
		OHIGINAL SIG	NED BY	CHRIS WILLIAMS	EP 34 T	27
APPROVED BY		TITLE	ICT I SUP	EHVISOR	DATE	€ : 8

CONDITIONS OF APPROVAL, IF ANY: