

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 34587
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Rancho Verde 10 State Com
Well No. 1
Pool name or Wildcat Anderson Ranch; Morrow (Gas)

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 North "A" Street, Building 2, Suite 120, Midland, TX 79705 (915) 686-8235	
Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>16S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4,319' GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Production Casing and Cement ☒

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.

Drilled to 10,368'. C&C hole. RU and run 251 jts 5-1/2" 17# & 20#, J55 & N80, LTC casing to 10,368'. Cement casing using 375 sx cement plus additives. Run Temp Survey TOC 9,318'. ND BOPE and set slips. Clean pits and release rig @1800 hrs 5/29/99.

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

SIGNATURE Kim Stewart TITLE Regulatory Analyst DATE 06-03-99

TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. (915)686-8235

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CUDIS WILLIAMS TITLE REGULATORY ANALYST DATE 6/3/99

CONDITIONS OF APPROVAL, IF ANY: