

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. 30-025-34725
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
Well No. 2
Pool name or Wildcat Anderson Ranch-Wolfcamp, Southwest

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	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	
Well Location Unit Letter <u>E</u> : <u>2230</u> Feet From The <u>North</u> Line and <u>930</u> Feet From The <u>West</u> Line 10 Section 16S Township 32E Range NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4317 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: Intermediate Casing and Cement Job ☒

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 4,235'. C&C hole. RU and ran 96 jts 8-5/8" 24# & 32# J55 ST&C csg. Set csg @ 4,235'. Cmt csg using 1000 sxs cmt + additives. Circ 35 sxs to pit. WOC. Cut off csg and weld on wellhead. NU BOPE and test.

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

SIGNATURE [Signature] TITLE Drilling Superintendent DATE 11-03-99

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY JOHN S. WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 24 1999

CONDITIONS OF APPROVAL, IF ANY: