P O. Box 1980, Hobbs, NM 88240

DISTRICT I

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Santa Fe, NM 87505

2040 Pacheco St.

Form C-103 Revised 1-1-89

WELL API NO

30-025-35380

P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease STATE FEE DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Apache 31 State Type of Well: GAS WELL P&A'd 2Name of Operator «Well No Nearburg Producing Company 3Address of Operator Pool name or Wildcat 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705 Lovington, Upper Penn, Northeast 4Well Location 210 2310 Feet From The Fast Unit Letter Line and Feet From The Line Section 31 Township 37E NMPM Lea Range County 10Elevation (Show whether DF, RKB, RT, GR, etc.) 3810' GR 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ANBANDONMENT X PULL OR ALTER CASING **CASING TEST AND CEMENT JOB** OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 05/03/01: Drilled 7/7/8" hole to 11,232'. TIH to set plugs. 1.) Set plug @ 11,220'. 2.) Set plug @ 10,758' w/ 30 sx cmt. 3.) Set plug @ 8090' - 8190' w/30 sx cmt. 4.) Set plug @ 5890' - 5990' w/30 sx cmt. 5.) Set plug @ 5200' - 5300' w/ 40 sx cmt. WOC. Tag cmt @ 5210'. 6.) Set plug @ 1975' - 2075' w/ 40 sx cmt. 7.) Set plug @ 1180' - 1280' w/ 40 sx cmt. 8.) Set plug @ 250' - 350' 40 sx cmt. 9.) Set 60 sx plug @ surface. 10.) Install dry hole marker, cleaned pits and released rig on 5/3/01. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Analyst DATE 06-14-01 TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. 915/686-8235 (This space for State Use) DATE OCMPLIANDE DEFINED CONDITIONS OF APPROVAL, IF AN