

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. 30-025-35380
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Apache 31 State
Well No. 1
Pool name or Wildcat Lovington, Upper Penn, Northeast

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 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 O : 210 Feet From The South Line and 2310 Feet From The East Line Section 31 Township 16S Range 37E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3810' 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: Surface casing and cement ☒

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.

03/15/01: MIRU and spud well at 0900 hrs on 03/15/01.

03/15/01: Drilled 17-1/2" hole to 400'. C&C hole. RU and ran 10 jts 13-3/8", 48#, J55, ST&C csg to 400'. Cement casing using 435 sx "C" + additives. Circ 79 sx cmt to surface. WOC for 24 hrs. Set slips and cut off csg. NU BOPE and test.

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 04-20-01

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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