

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30684
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
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7. Lease Name or Unit Agreement Name Buffalo 2I State Com
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2. Name of Operator Nearburg Producing Company

8. Well No. 1

3. Address of Operator P. O. Box 31405, Dallas, Texas 75231-0405

9. Pool name or Wildcat North Quail Ridge Morrow

4. Well Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>east</u> Line and <u>1,980</u> Feet From The <u>south</u> Line Section <u>2</u> Township <u>19S</u> Range <u>33E</u> NMPM <u>Lea</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,754' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/>

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.

10/10/89 Building location and setting conductor pipe.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Mildred Simpkins TITLE Production Analyst DATE 10/10/89
TYPE OR PRINT NAME Mildred Simpkins TELEPHONE NO. 214/739-1778

(This space for State use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE OCT 13 1989
CONDITIONS OF APPROVAL, IF ANY: