

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl. 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. 30-025-30532
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Price Family Trust II
8. Well No. 1
9. Pool name or Wildcat Undesignated

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 ☐ GAS WELL ☐ OTHER Dry

2. Name of Operator
Nearburg Producing Company

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

4. Well Location
Unit Letter I : 600 Feet From The East Line and 2,310 Feet From The South Line

Section 1 Township 17S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,732.9' GR

11. 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 ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

3/07/89: Plugged well as instructed by NMOCD.

Plug #1 at 11,658' with 25 sx. cement
Plug #2 at 9,745' with 25 sx. cement
Plug #3 at 9,170' with 25 sx. cement
Plug #4 at 6,576' with 25 sx. cement
Plug #5 at 4,730' with 25 sx. cement
Plug #6 at 1,800' with 25 sx. cement
Plug #7 at surface with 10 sx. cement

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

SIGNATURE Eddie J. Gelwick TITLE Operations Coordinator DATE 6/2/89

TYPE OR PRINT NAME Eddie J. Gelwick TELEPHONE NO. 214/739-1778

(This space for State Use)

APPROVED BY [Signature] OIL & GAS INSPECTOR DATE OCT 17 1990

CONDITIONS OF APPROVAL, IF ANY: