State of New Mexico Enery. Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT OIL CONSERVATION DIVISION O. Box 1980, Hobbs, NM 88240 WELL API NO 2040 Pacheco St. 30-025-35320 Santa Fe, NM 87505 DISTRICT II P O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease STATE FEE X DISTRICT III State 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 Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) New York 14 Type of Well: GAS WELL X WELL «Well No. 2Name of Operator Nearburg Producing Company 1 Address of Operator Pool name or Wildcat 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705 Humble City, Strawn, Southwest ₄Well Location 2130 Feet From The South 660 Unit Letter West Line and Line Section 14 17S Township Range **NMPM** Lea County 10Elevation (Show whether DF, RKB, RT, GR, etc.) 3744' GR 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 **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: Plug and Abandon 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. 02/26/01: Drilled 7-7/8" hole to 11,720'. Plug and abandon well as follows: 1.) Set 1st plug f/ 11,720' to 11,670' w/50'-25 sx. 2.) Set 2nd plug f/9250' to 9200' w/50'-25 sx. 3.) Set 3rd plug f/7200' to 7150' w/50'-25 sx. 4.) Set 4th plug f/5250' to 5200' w/50' 25 sx. 5.) Set 5th plug f/4700' to 4600' w/100'-50 sx. Tag at 4585'. 6.) Set 6th plug f/440' to 390' w/50'-25 sx. 7.) Set surface plug 30'-15 sx. 8.) Jet pits, weld on cap and set dry hole marker. 9.) Release rig at 1800 hrs on 02/25/01. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE Regulatory Analyst DATE 04-25-01 TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

Ad Ry DATE/-24-03