

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. 30-025-35320	
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name New York 14	
Well No. 1	Pool name or Wildcat Humble City, Strawn, Southwest

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator Nearburg Producing Company
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	Well Location Unit Letter L : 2130 Feet From The South Line and 660 Feet From The West Line Section 14 Township 17S Range 37E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3744' 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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Intermediate 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.

02/02/01: Drilled 11" hole to 4650'. C&C hole. RU and ran 111 jts of 8-5/8", 24# & 32# J55, ST&C casing to 4650'. RU and cement using 1350 sx of 35/65 "C" poz + additives and 200 sx of "C" + additives. Circ 200 sx to surface. WOC. Cut off csg and weld on wellhead. 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 02-14-01

TYPE OR PRINT NAME Kim Stewart TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 2-14-2001

CONDITIONS OF APPROVAL, IF ANY: