

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088DISTRICT II  
811 South 1st St, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-33727

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; 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 ☒GAS WELL ☐OTHER ☐

2. Name of Operator

Nearburg Producing Company

3. Address of Operator

3300 North "A" Street, Bldg 2, Suite 120, Midland, TX 79705

4. Well Location

Unit Letter J

2,300

: Feet From The

South

Line and

2,310

Feet From The

East

Line

Section 16

Township

20S

Range

32E

NMPM

Lea

County

Maverick 16 State

8. Well No.

#1

9. Pool name or Wildcat

Wildcat - Delaware

Eddy Undesignated; Atoka Morrow (G)

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

3,511' 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: Shut-In Request

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG & ABANDONMENT ☐CASING TEST & 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.

Nearburg Producing Company requests permission to shut in the Maverick 16 State #1 well for three (3) months before running casing. The three (3) month period is required to perform core analysis and determine whether running casing is economic.

Note: This well released the rig 3/09/97. We inadvertently did not report this to the OCD.

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

SIGNATURE

TITLE Mgr. of Drlg and Production

DATE 06/04/97

TYPE OR PRINT NAME

E. Scott Kimbrough

TELEPHONE 915/686-8235

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS,  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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