

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.  
30-025-35160

5. Indicate Type of Lease  
STATE  FEE

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.)

7. Lease Name or Unit Agreement Name

West Osudo "36" State

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
#1

2. Name of Operator  
Nearburg Producing Company

9. Pool name or Wildcat

3. Address of Operator  
P. O. Box 823085, Dallas, TX 75382-3085

4. Well Location  
Unit Letter L : 1,980' Feet From The South Line and 660' Feet From The West Line

Section 36 Township 20S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,664'

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

### NOTICE OF INTENTION TO:

### SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER: Surface csg. & cement

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.

Drilled to 490'. C&C hole. RU & ran 11 jts. 13-3/8" 48# J55 STC csg. Wash 30' to bottom. Cmt. csg. w/210 sx. & additives. Circ. w/128 sx. WOC. Cut off & weld on wellhead. NU BOPE & test.

*1-26-99 17:00*

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

SIGNATURE Kim Stewart TITLE Secr. of Drlg & Prod DATE 2/18/97

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

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
GSTR. SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 17 1997

CONDITIONS OF APPROVAL, IF ANY: