State of New Mexico En , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

1 . O. BOX 1000, 110005, 14141 00240	2040 Pacheco St.	WELL API NO.	
DISTRICT	Santa Fe, NM 87505	30-025-34543	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Carta i C, IVIVI 0/303	sIndicate Type of Lease	
DISTRICT III		STATE: FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO D	7Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "AI (FORM C-101) FOR SUC			
Type of Well:	TT KOLOGAES.)	⊣	
OIL GAS			
MELL XX	OTHER	Viper 3 Federal	
2Name of Operator		sWell No.	
Nearburg Producing Company		1	
Address of Operator		₃Pool name or Wildcat	
3300 N A St., Bldg 2, Suite 120), Midland, TX 79705	Gem Morrow: East	
Well Location BHI,			
Unit Letter <u>G</u> : 3067 Feet From The <u>South</u> Line and <u>2012</u> Feet From The <u>East</u> Line			
_	5012		
Section 3 Township	20S Range 33E	NMPM Lea County	
10Elev	ation (Show whether DF, RKB, RT, GR, etc.)	1 min 1 may 12 day 1 mg 12 mg	
3589'			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION	BSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AN	D ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE	PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ANBANDONMENT	
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB	
OTHER Brown to		No Based	
OTHER Exemption from Annual Gas SI	Test XX OTHER:		
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.			
We request an exemption on the subject well from the Annual Gas Well SI Test. We believe			
that shuting in the well can cause wellbore/ formation damage.			
Tormacton damage.			

I hereby certify that the information above is true and complete to the best of my kr	nowledge and helief
SIGNATURE POLICE SIGNATURE	TITLE Production Superintendent DATE 9/18/00
TYPE OR PRINT NAME MOH LOC	TELEPHONE NO 95/686-8735
(This space for State Use)	

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

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