Submit 3 Copies to Appropriate District Office

State of New Mexico Er. , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-

DISTRICT I P O. Box 1980. Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-35510		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			sIndicate Type of Lea	STATE	FEE
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.)			7Lease Name or Unit	Agreement Name	
OIL GAS WELL X	WELL WELL X OTHER				
² Name of Operator Nearburg Producing Company			₅Well No.		
3300 N A St., Bldg 2, Suite 120, M	Midland, TX 79705		Pool name or Wildca Osudo Morrow,		
Unit Letter N 660	Feet From The South	Line and 1980	Feet From The	West	Line
Section 35	Township 20S	Range 35E	NMPM	Lea co	Line unty
	oElevation (Show whether DF 3688' GR	, RKB, RT, GR, etc.)	1		anty
11 Check A	ppropriate Box to Indicate N	ature of Notice, Rep	oort, or Other D	ata	
			SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	: PNS.	ALTERING CASING PLUG AND ANBANDO	
PULL OR ALTER CASING		CASING TEST AND CEME	·	FEG AND ANBANDO	NMENT
OTHER:		OTHER: Intermediate	casing and cement		V
¹² Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent details, and give	e pertinent dates, including esti	mated date of starting a	ny proposed	X
07/06/01: Drilled 12-1/4" hole to 55 stage casing using 200 sx RFC (H) 905 35/65 Poz C + additives and 20 WOC. TIH w/ 7 jts 1" tbg, tbg set at and test.	83'. C&C hole. RU and ran 128 jts + 300 sx 35/65 Poz C + additives a 00 Class C + additives. WOC. TIH 181'. Cement using 50 sx Class C	s 9-5/8", 40#, L80, P-110 ind 200 sx Class C + add I w/ 33 jts 1" tbg, tbg set Circ 40 sx to surface.	, J55, LT&C casing	to 5583'. Cement	.
I hereby certify that the information above is tr	ue and complete to the best of my knowledg	ge and belief.			
SIGNATURE -					

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

SIGNATURE

TITLE Regulatory Analyst

TYPE OR PRINT NAME KIM Stewart

TELEPHONE NO. 915/686-8235

PROVED BY

TITLE

DATE