

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 26318
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Llano 34 State
Well No. 1
Pool name or Wildcat Grama Ridge Morrow; East

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 North "A" Street, Building 2, Ste 120, Midland, TX 79705	
Well Location Unit Letter I 1650 Feet From The south Line and 660 Feet From The east Line Section 34 Township 21S Range 34E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3651' GR	

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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: ☐

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.

1-09-02 Set 4-1/2" CIBP @ 12,750' cap w/ 35' cmt, tag @ 12,710'.
1-09-02 Mix & pump mud.
1-09-02 Spot 25 sx cmt at 11,650'.
1-10-02 Spot 25 sx cmt @ 8400'.
1-10-02 Spot 25 sx cmt @ 5550'.
1-11-02 Cut 7-5/8" csg @ 5000'.
1-15-02 Spot 45 sx cmt @ 5050', tag @ 4905'.
1-15-02 Spot 50 sx cmt @ 4100'.
1-15-02 Spot 50 sx cmt @ 1250'.
1-16-02 Tag plug @ 1126'.
1-16-02 Spot 20 sx cmt from 30' to surface.
1-16-02 Install dry hole marker.

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 01-22-2002

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915-686-8235

(This space for State Use)

APPROVED BY

Ed Gonzales

TITLE

Field Rep

DATE 3-19-02

CONDITIONS OF APPROVAL IF ANY:

GWW