

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. 30-025-34948
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Grama Ridge East 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	Well No. 1
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	Pool name or Wildcat Grama Ridge Morrow; East
Well Location Unit Letter H : 1548 Feet From The North Line and 990 Feet From The East Line 34 Section 21S Township 34E Range NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3689' 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: 7" Protection casing and cement ☒

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.

04/11/00: Drilled to 10,841', lost circ, dry drilled to 11,250'. RU and ran 275 jts 7" 23#, 26#, 29#, LTC & BTC csg. Cmt 1st stage csg using 90 sx cmt + additives. Cmt 2nd stage using 90 sx cmt + additives. ND BOPE and set slips. NU BOPE and test. Will drill 6-1/8" hole to original TD and set 4-1/2" liner tied back 200' into 7" csg if productive.

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 04-18-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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