

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. 30-025-35379
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Grama Ridge "23" State
Well No. 1
Pool name or Wildcat Wilson, Penn. South

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator Nearburg Producing Company	
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	
Well Location Unit Letter A 660 Feet From The North Line and 1260 Feet From The East Line Section 23 Township 21S Range 34E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3679' GR	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	SUBSEQUENT REPORT OF: REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER: Intermediate casing and cement <input checked="" type="checkbox"/>

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

03/09/01: Drilled 12-1/4" hole to 5,400'. C&C hole. RU and ran 123 jts 9-5/8", 40#, J55, K55, LT&C csg to 5,400'. Cement 1st stage casing using 700 sx 35/65 "C" poz + additives and 200 sx "C" + 2% CC. Cement 2nd stage casing using 1,000 35/65 "C" poz + additives and 200 sx "C" 2% CC. Circ 35 sx cmt to surface. WOC for 24 hrs. Cut off csg and weld on head. NU BOPE and test.

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

SIGNATURE <i>Kim Stewart</i>	TITLE Regulatory Analyst	DATE 03-13-01
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		