

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMLC 029020C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Dale H. Parke C #1

9. API Well No.
30-015-23557

10. Field and Pool, or Exploratory Area
Seven Rivers

11. County or Parish, State
Eddy County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other
AUG 26 2004

2. Name of Operator
Premier Oil & Gas, Inc. OCP-ARTESIA

3a. Address
P.O. Box 1246, Artesia, NM 88211-1246

3b. Phone No. (include area code)
505-748-2093

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit P: 990' FSL & 990' FEL
Section 15, T-17S R-30E

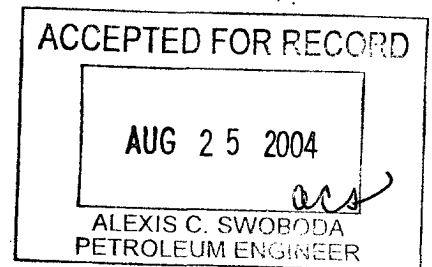
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations: If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

7/26/04 began recompleat.

1. Set CIBP @2610' w/35' cement.
 2. Perforate Seven Rivers from 1782-83, 1798-99, 1810-13, 1828 1840 w/2SPF.
 3. Acidized w/1000gals 7-1/2% Hcl Acid.
 4. Frac w/37,000gals gel & 85,000# 16/30 Brady sand.
 5. Ran pump & rods.
- Potential production: 9.36BO, 52 BW, 71.9 MCF on 8/17/04.



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Rosalie Jones	Title President
Signature <i>Rosalie Jones</i>	Date 08/23/04

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	