Submit 3 Copies To Appropriate District Office	State of New Mo			Form C-103
District I	Energy, Minerals and Nati	ıral Resources	WELL API NO.	Revised March 25, 1999
625 N. French Dr., Hobbs, NM 88240 District II				120051
1301 W. Grand Avenue, Artesia, NM 88210	enue, Artesia, NM 88210 OIL CONSERVATION DIVISION			of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE [FEE 🗹
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	/303	6. State Oil & C	as Lease No.
	CS AND DEDODTS ON WELL	3	7 Lossa Nama a	r Unit Agreement Name:
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			Anna Kathery	ū
PROPOSALS.) 1. Type of Well:				
Oil Well Gas Well	Other			
2. Name of Operator Prairie Sun, Inc.			8. Well No. 1	
3. Address of Operator 10713 RR 620 N., Bldg F Suite 621, Austin Tx 78726			9. Pool name of Wildcat	r Wildcat
4. Well Location				
Unit Letter :66	feet from the West	line and 19	80feet from	n the South line
Section 19	Township 10N R	ange 27E	NMPM Quay	County
	10. Elevation (Show whether I 4365' GR			
11. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Other l	Data
NOTICE OF <u>IN</u> T			SEQUENT_REI	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI	ND V	
OTHER:		OTHER:		Г
12. Describe proposed or complet of starting any proposed work).		pertinent details, an		
or recompilation.				
10/17/02 thru 11/03/02				
Drill 7 7/8" hole to Total Dep open hole electric logs and	oth7001'. Lost circulation at run 5 1/2" csg.	TD. Unable to obt	ain full circulation	in returns. Run
shoe at 6974', Inflate ECP	noe, 21 jts 5 1/2" L80 LT&C 8r okr and open stage tool and o #/sx gilsonite. Bump plug at	ement casing with	1380 sx. 50/50 Pc	oz + 2% gel, 2%
and roloade ing at 0400 file	i iyor Qibi			
I hereby certify that the information a	hove/s true and complete to the	hast of my knowled	lge and belief	
Thereby certify that the information is		•	ige and belief.	
SIGNATURE / //	TITLE	Agent	· · ·	DATE_11/10/02
Type or print name Gene Lee			Telep	hone No. (505) 622-7355
(This space for State use)	1 //	DISTRICT C		
APPPROVED BY Conditions of approval, if any:	Coke-TITLE_	NOINCI 5	UPERVISOR	DATE 12/4/02
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