

Stogner, Michael

Pronghorn

From: Gum, Tim
Sent: Wednesday, February 19, 2003 9:14 PM
To: Stogner, Michael; Brooks, David K
Cc: Barton, Van
Subject: RE: RE: Case No. 12811 - Current Status

No. Since production has not been reported these wells must not be producing.

The comments on each well status contained in the spreadsheet was the result of a detailed review of documentation in each of the well files.

If production is not being reported, C-115 and ONGARD data, this would indicate that the well is not producing.

TWG.

-----Original Message-----

From: Stogner, Michael
Sent: Wednesday, February 19, 2003 11:47 AM
To: Brooks, David K
Cc: Barton, Van; Gum, Tim
Subject: RE: RE: Case No. 12811 - Current Status

Re: Pronghorn Management Corp.
Hastie Well No. 1 (30-015-01422) and Sunray State Well No. 2 (30-015-01621)

Van's spreadsheet indicates that these two wells are "On Production". The Hastie #1 indicates a date of 10-1-01 and the Sunray State well does not show a date. Neither well shows production in ONGARD or On-Line Production Data. Are these wells producing? I will need a yes or no. If "yes" when was production re-established and from what pool? Thanks.

-----Original Message-----

From: Brooks, David K
Sent: Thursday, February 13, 2003 1:47 PM
To: Stogner, Michael
Subject: FW: RE: Case No. 12811 - Current Status

Mike

Attached is an Excel file that contains updated information on the status of the wells in Case No. 12811. The worksheet labeled Van's log is the most current info.

DB

-----Original Message-----

From: Barton, Van
Sent: Thursday, February 13, 2003 7:52 AM
To: Brooks, David K
Cc: Gum, Tim
Subject: RE: Case No. 12811 - Current Status

David,

I hope I got them all. I added pertinent information where I felt needed (in the district remarks). If you need anything else, or I missed something let me know.

Van

<< File: MAR 02 Hrng Well Status Smry.xls >>

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Pronghorn

1993

SOUTHEASTERN NEW MEXICO

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ABBREVIATIONS IN METHOD OF PRODUCTION COLUMN

F FLOWING G GAS LIFT P PUMPING

ABBREVIATIONS IN STATUS

<u>X</u> PERMANENTLY ABANDONED	<u>I</u> INPUT
<u>T</u> TEMPORARILY ABANDONED	<u>U</u> UNREPORTED
<u>S</u> SHUT-IN	<u>D</u> DISCONNECTED

WELL S T R	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC 1993	PROD	HP	ACCU
6C1817S28E OIL											2	1	3P	13844	
GAS															5
WAT															68621
9E1817S28E OIL	4	1	1	1	1	2	2	2	5	7	10	80	90	29P	1809
GAS	25	50						1	8	10	2	1	1	184	9041
WAT															17267
10E1817S28E OIL	LAST PROD. DATE 12/92														
WAT															10876
LEASE TOTAL OIL	10	3	2	2	2	4	4	4	10	14	8	4	67		66711
GAS															15
WAT	125	125						2	16	20	40	330	658	225752	
MALCO STATE OIL	1	2	1	2	1	2	8	2	3	4	84	92	202P	10157	
163117S28E GAS														1	5443
WAT															3013
STATE E379 OIL	LAST PROD. DATE 12/82														
1M3617S27E GAS														T	3
WAT															785
STATE A OIL	LAST PROD. DATE 12/82														
1B3617S27E GAS														T	1461
WAT															3
2B3617S27E OIL	LAST PROD. PRIOR TO 6/73														
WAT														T	2408
LEASE TOTAL OIL															2142
GAS															12005
WAT															3
SUNRAY STATE OIL															4550
2E3017S28E OIL	1	1	2	1	1	1	1	2	2	3	1	2	18P	23	
2E3017S28E GAS	ZONE ABANDONED														
WAT															2264
LEASE TOTAL OIL	1	1	2	1	1	1	1	2	2	3	1	2	18	2287	
GAS															4
WAT															27241
COMPANY TOTAL OIL	54	162	185	202	139	118	235	260	216	170	316	280	2337	253645	
GAS															92
WAT	157	218	41	47	47	53	128	54	66	53	60	363	1287	300384	
BEATRICE BEDINGFIELD OIL	*****														
HASTIE															
8F1817S28E OIL	CONVERTED TO SWD														
SUNRAY STATE OIL	CONVERTED TO SWD														
1E3017S28E OIL															
WAT															
COMPANY TOTAL OIL															
WAT															
BLUE SKY PRODUCTION OIL	*****														
ACREY															
1F3617S27E OIL	PLUGGING APPROVED 1986														
GAS															
WAT															
DELHI OIL															
8C3617S27E OIL	ZONE ABANDONED														
WAT															
COMPANY TOTAL OIL															
GAS															
WAT															
BURNHAM OIL COMPANY OIL	*****														
STATE A															
103617S27E OIL	PLUGGING APPROVED 1948														
CITIES SERVICE COMPANY OIL	*****														
MAGRUDER A															
213517S27E OIL	PLUGGING APPROVED 1979														
WAT															
3K3517S27E OIL	PLUGGING APPROVED 1977														
WAT															
4P3517S27E OIL	PLUGGING APPROVED 1977														
WAT															
LEASE TOTAL OIL															
WAT															
RUSSELL C OIL															
503517S27E OIL	PLUGGING APPROVED 1977														
WAT															
6M3517S27E OIL	PLUGGING APPROVED 1977														
WAT															
703517S27E OIL	PLUGGING APPROVED 1977														
WAT															
LEASE TOTAL OIL															
WAT															
STATE B2 OIL															
2C 218S27E OIL	PLUGGING APPROVED 1977														
WAT															
4C 218S27E OIL	PLUGGING APPROVED 1977														
WAT															
LEASE TOTAL OIL															
WAT															
WRIGHT A STATE OIL															
2B 218S27E OIL	PLUGGING APPROVED 1977														
WAT															
COMPANY TOTAL OIL															
WAT															
CITIES SERVICE OIL AND GAS CORP. OIL	*****														
MAGRUDER A															
1J3517S27E OIL	PLUGGING APPROVED 1987														
WAT															
CUNNINGHAM AND PLAYHAR OIL	*****														
STATE															
2D3017S28E OIL	PLUGGING APPROVED 1943														
W. D. CUNNINGHAM OIL															
FEATHERSTONE FEDERAL															
2H2517S27E OIL	PLUGGING APPROVED 1942														
PRICE OIL															
1E3617S27E OIL	PLUGGING APPROVED 1943														
QUINN STATE OIL															
1E3017S28E OIL	PLUGGING APPROVED 1943														
COMPANY TOTAL OIL															
J. C. DAVIS OIL	*****														
HARBOLD FEDERAL															
2P2617S27E OIL	PLUGGING APPROVED 1960														
WILLIAM P. DOOLEY OIL	*****														
HASTIE															
1J1817S28E OIL	10	25	10	5	10	13	8	4	8	13	15	3	124P	7462	
TSTM			TSTM		TSTM									7	
211817S28E OIL	10	2											12	5	1646
WAT															7333
OIL															7
GAS															1190
WAT	2	2											45	7	7294
OIL															44
GAS	TSTM								TSTM						1496
WAT	5	4							35						22089
LEASE TOTAL OIL	12	27	10	5	10	13	8	4	8	13	15	3	128		4332
GAS															56
WAT	15	6							35						20485
RANAPD OIL	250	281	162	150	540	444	221								11703
1K3617S27E GAS	TSTM		TSTM	TSTM	TSTM	TSTM		TSTM							8
WAT	312	415	265	700	900	1000	400	400							5394
OIL					100		30	28	20	40	15	25	258P		22997
GAS					TSTM	TSTM		TSTM	TSTM	TSTM	TSTM	TSTM			1
WAT					400	30	60	25	20	10	10	14	569		1086
3J3617S27E OIL	13	50	35	35	35	28	15	15					246P		21034
OIL	TSTM		TSTM	TSTM	TSTM	TSTM		TSTM							6
GAS	58	45	40	300	300	280	5	5							1043
WAT						38									1831
OIL															17270
GAS															29
WAT															451
LEASE TOTAL OIL	263	331	197	185	675	510	266	43	24	68	45	35	2642	73004	
GAS															20
WAT	370	460	305	1000	1600	1310	465	430	34	15	25	19	6033	8762	

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAR 14 1994

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION	Well API No.	00649 30-015-00692
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	XXX Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	OPERATOR NAME CHANGE ONLY	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator	BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE A	Well No.	1	Pool Name, Including Formation	EMPIRE YATES SEVEN RIVERS	Kind of Lease	State, Federal or Free	Lease No.	E-379
Location	Unit Letter B : 990 Feet From The N Line and 2310 Feet From The E Line								
	Section 36	Township 17S	Range 27E	NMPM,	EDDY	County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
T/A						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
Printed Name 3-5-94 Title (505) 392-5516
Date 3-5-94 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 21 1994

By M Morgan

Title SS

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BABER WELL SERVICING COMPANY ✓	Well API No.
Address P. O. BOX 1772, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator BLUE SKY PRODUCTION	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE A	Well No. 1	Pool Name, Including Formation EMPIRE (Y-SR)	Kind of Lease STATE LEASE	Lease No. E 379
Location Unit Letter B : 990 Feet From The N Line and 2310 Feet From The E Line Section 36 Township 17S Range 27E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO	Address (Give address to which approved copy of this form is to be sent) P. O. DRAWER 159, ARTESIA, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? B 36 17S 27E

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

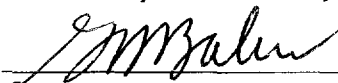
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Signature
GUY A. BABER III
Printed Name
JULY 31, 1990
Date
505-393-5516
Telephone No.

PRESIDENT

Title

OIL CONSERVATION DIVISION

Date Approved **AUG 10 1990**

By **Mike Williams**

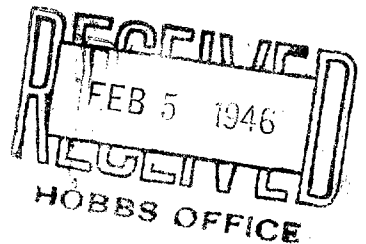
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Santa Fe, New Mexico

WELL RECORD



J. E. Bedingfield

202A Carper Bldg, Artesia, N. M.

State

Company or Operator

A

SWWNE

Address

36

175

Well No.

R. 27E, N. M. P. M., Empire Field, Eddy County.

Well is 990' feet south of the North line and 2310 feet west of the East line of Sec. 36

If State land the oil and gas lease is No. E-397 Assignment No. _____

If patented land the owner is _____, Address _____

If Government land the permittee is _____, Address _____

The Lessee is Burnham Oil Co., Address Artesia, N. M.

Drilling commenced September 27th 19 45 Drilling was completed November 7th 19 45

Drilling commenced _____ Drilling was completed _____
Name of drilling contractor J. E. Bedingfield, Address Artesia, N. M.

Elevation above sea level at top of casing_____feet.

The information given is to be kept confidential until _____ 19____

OIL SANDS OR ZONES

No. 1, from 494 to 499 No. 4, from _____ to _____
 No. 2, from 511 to 516 No. 5, from _____ to _____
 No. 3, from 526 to 531 No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from 290 to 328 feet. _____
 No. 2, from _____ to _____ feet. _____
 No. 3, from _____ to _____ feet. _____
 No. 4, from _____ to _____ feet. _____

CASING RECORD

[illegible]

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
8"	7"		20	Halliburton		none

PLUGS AND ADAPTERS

Heaving plug—Material_____Length_____Depth Set_____

Adapters—Material _____ Size _____

RECORD OF SHOOTING OR CHEMICAL TREATMENT

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	RANGE	DEPTH SHOT
------	------------	-------------------------------	----------	-------	------------

No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	THREADS PER INCH	MAKE	AMOUNT	KIND OF SHOE	CUT & FILLED FROM	PERFORATED		PURPOSE
							FROM	TO	
7"	20			492'	Texas				Water

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
8"	7"		20	Halliburton		none

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth Set _____
Adapters—Material _____ Size _____

RECORD OF SHOOTING OR CHEMICAL TREATMENT

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	DATE	DEPTH SHOT OR TREATED	DEPTH CLEANED OUT
		acid	2000 gal	Nov. 20	532'	

Results of shooting or chemical treatment _____ Increased to 5 bbls per day _____

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto.

TOOLS USED

Rotary tools were used from none feet to _____ feet, and from _____ feet to _____ feet
Cable tools were used from 0 feet to 532 feet, and from _____ feet to _____ feet

PRODUCTION

Put to producing November 21st 1945
The production of the first 24 hours was 5 barrels of fluid of which 100 % was oil; _____ %
emulsion; _____ % water; and _____ % sediment. Gravity, Be _____
If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____
Rock pressure, lbs. per sq. in. _____

EMPLOYEES

_____, Driller _____, Driller
_____, Driller _____, Driller

FORMATION RECORD ON OTHER SIDE

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Subscribed and sworn to before me this 26th _____ day of November 1945
_____ day of _____ 1945
Notary Public
My Commission expires August 28, 1949
Artesia, N. M. Nov. 26, 1945
Name J. C. Williams
Position Agent
Representing J. B. Redingfield
Address 202A Carper Bldg, Artesia, N. M.

FORMATION RECORD

FROM	TO	THICKNESS IN FEET	FORMATION
0	2	2	soil
2	50	48	caliche red bed and jyp
50	112	62	Red bed jyp and anhydrite
112	132	20	broken lime
132	140	12	yellow shale
140	175	30	red shale and anhy
175	184	9	yellow shale
184	280	96	red bed and anhydrite
280	290	10	red bed
290	328	38	anhydrite
328	353	25	red shale & anhydrite
353	358	3	blue shale
358	364	12	red shale
364	376	12	anhydrite & blue shale
376	460	84	red shale & anhydrite
460	494	34	broken anhydrite
494	499	5	brown lime & little oil
499	501	2	anhydrite
501	504	3	brown lime & little oil
504	511	7	anhydrite & blue shale
511	516	5	brown lime & show oil
516	526	10	anhydrite
526	532	6	brown lime & show oil

Well Selection Criteria Quick Print

(opno = 122811 and CNTY = 15)

API Well #	Well Name and No.	Operator Name	Type	Stat	County	Surf	UL	Sec	Tw	Rng	Ft N/S	Ft E/W	UICPrnt
30-015-00663-00-00	ACREY	002	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	F	36	17 S	27 E	1650 N	1655 W
30-015-00665-00-00	ACREY	003Y	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	F	36	17 S	27 E	2260 N	1650 W
30-015-25670-00-00	ACREY	005	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	F	36	17 S	27 E	1650 N	2310 W
30-015-24256-00-00	ARTESIA STATE	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	L	23	18 S	27 E	2310 S	990 E
30-015-01635-00-00	ASTON & FAIR	001Y	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	F	31	17 S	28 E	2310 N	2310 W
30-015-01633-00-00	ASTON & FAIR A	001	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	1	31	17 S	28 E	330 N	330 W
30-015-10266-00-00	ATLANTIC STATE	001	PRONGHORN MANAGEMENT COR	G	A	Eddy	S	N	4	17 S	28 E	660 S	1980 W
30-015-00526-00-00	BRAINARD	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	F	O	25	17 S	27 E	330 S	1650 E
30-015-00525-00-00	BRAINARD	002	PRONGHORN MANAGEMENT COR	O	A	Eddy	F	N	25	17 S	27 E	330 S	2310 W
30-015-00666-00-00	CONKLIN	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	G	36	17 S	27 E	2310 N	2310 E
30-015-00690-00-00	CONKLIN	002	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	G	36	17 S	27 E	1830 N	2205 E
30-015-00693-00-00	CONKLIN	001	PRONGHORN MANAGEMENT COR	O	T	Eddy	S	A	36	17 S	27 E	330 N	330 E
30-015-00654-00-00	DELHI	002	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	C	36	17 S	27 E	330 N	1650 W
30-015-01217-00-00	DELHI	003	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	L	36	17 S	27 E	2310 S	990 W
30-015-00680-00-00	DELHI	004	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	L	36	17 S	27 E	1700 S	990 W
30-015-00651-00-00	DELHI	005	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	C	36	17 S	27 E	990 N	1650 W
30-015-00691-00-00	DELHI	006	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	C	36	17 S	27 E	990 N	2310 E
30-015-00646-00-00	DELHI	007	PRONGHORN MANAGEMENT COR	O	T	Eddy	S	A	36	17 S	27 E	990 N	330 E
30-015-23358-00-00	DELHI	008	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	C	36	17 S	27 E	369 N	2293 W
30-015-23248-00-00	EDDY STATE	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	G	6	19 S	25 E	1980 N	1980 E
30-015-26727-00-00	HANNAFIN STATE	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	L	17	19 S	29 E	1650 S	330 W
30-015-01403-00-00	HASTIE	001	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	2	18	17 S	28 E	2310 N	330 W
30-015-01407-00-00	HASTIE	002	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	F	18	17 S	28 E	2310 N	1735 W
30-015-01422-00-00	HASTIE	003	PRONGHORN MANAGEMENT COR	O	A	Eddy	F	2	18	17 S	28 E	2310 N	990 W
30-015-01417-00-00	HASTIE	005	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	F	18	17 S	28 E	1650 N	1734 W
30-015-01418-00-00	HASTIE	006	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	C	18	17 S	28 E	990 N	1650 W
30-015-01424-00-00	HASTIE	008	PRONGHORN MANAGEMENT COR	O	S	Eddy	F	F	18	17 S	28 E	2310 N	2310 W
30-015-01420-00-00	HASTIE	009	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	2	18	17 S	28 E	1650 N	990 W
30-015-01421-00-00	HASTIE	010	PRONGHORN MANAGEMENT COR	O	P	Eddy	F	2	18	17 S	28 E	1650 N	330 W
30-015-00669-00-00	HOMAN	001	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	H	36	17 S	27 E	2310 N	330 E
30-015-22624-00-00	LONG BOX COM	001	PRONGHORN MANAGEMENT COR	G	A	Eddy	F	H	30	20 S	24 E	1980 N	660 E
30-015-01637-00-00	MALCO STATE	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	G	31	17 S	28 E	2310 N	2310 E
30-015-26837-00-00	SIVLEY STATE	001	PRONGHORN MANAGEMENT COR	O	T	Eddy	S	M	17	19 S	29 E	330 S	330 W
30-015-10184-00-00	STATE	006	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	M	36	17 S	27 E	330 S	920 W
30-015-21623-00-00	STATE	007	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	M	36	17 S	27 E	360 S	455 W
30-015-00649-00-00	STATE A	001	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	B	36	17 S	27 E	990 N	2310 E
30-015-00650-00-00	STATE A	002	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	B	36	17 S	27 E	330 N	1650 E
30-015-00648-00-00	STATE E	001	PRONGHORN MANAGEMENT COR	O	S	Eddy	S	M	36	17 S	27 E	954 S	940 W
30-015-24612-00-00	STATE M	001	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	M	36	17 S	27 E	790 S	990 W

Well Selection Criteria Quick Print

(opno = 122811 and CNTY = 15)

API Well #	Well Name and No.	Operator Name	Typ	Stat	County	Surf	UL	Sec	Twp	Rng	Ft N/S	Ft E/W	UICPrnt
30-015-01621-00-00	SUNRAY STATE	002	PRONGHORN MANAGEMENT COR	O	A	Eddy	S	2	30	17 S	28 E	1650 N	990 W

CMD : ONGARD 02/19/03 11:42:50
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TQF0

API Well No : 30 15 1621 Eff Date : 03-01-2002 WC Status : A
Pool Idn : 22230 EMPIRE; YATES-SEVEN RIVERS
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 15354 SUNRAY STATE

Well No : 002
GL Elevation: 3557

U/L Sec Township Range North/South East/West Prop/Act(P/A)

B.H. Locn : 2 30 17S 28E FTG 1650 F N FTG 990 F W P
Lot Identifier:
Dedicated Acre: 40.00
Lease Type : S
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

ONGARD

02/19/03 11:42:56

CMD :
OG6ACRE

C102-DEDICATE ACREAGE

OGOMES -TQF0

Page No : 1

API Well No : 30 15 1621 Eff Date : 04-30-1991

Pool Idn : 22230 EMPIRE; YATES-SEVEN RIVERS

Prop Idn : 15354 SUNRAY STATE

Spacing Unit : 14653 OCD Order :

Sect/Twp/Rng : 30 17S 28E Acreage : 40.00 Simultaneous Dedication:
Revised C102? (Y/N) :

Dedicated Land:

S Base U/L Sec Twp Rng Acreage L/W Ownership Lot Idn

E 2 30 17S 28E 43.23 N ST

E0005: Enter data to modify or PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 LAND PF11 NXTSEC PF12 RECONF

CMD :

ONGARD

02/19/03 11:43:03

OG6IPRD

INQUIRE PRODUCTION BY POOL/WELL

OGOMES -TQF0

Page No: 1

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP

Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS

API Well No : 30 15 1621 Report Period - From : 01 2000 To : 12 2002

API Well No		Property Name	Prodn. Days MM/YY Prod	Production Volumes		Well
				Gas	Oil	Water Stat
30	15	1621 SUNRAY STATE	01 00			S
30	15	1621 SUNRAY STATE	02 00			S
30	15	1621 SUNRAY STATE	03 00			S
30	15	1621 SUNRAY STATE	04 00			S
30	15	1621 SUNRAY STATE	05 00			S
30	15	1621 SUNRAY STATE	06 00			S
30	15	1621 SUNRAY STATE	07 00			S

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD :
OG6IPRD INQUIRE PRODUCTION BY FOOL/WELL

02/19/03 11:43:06
OGOMES -TQF0
Page No: 2

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1621 Report Period - From : 01 2000 To : 12 2002

API Well No		Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30	15	1621 SUNRAY STATE	08 00		S
30	15	1621 SUNRAY STATE	09 00		S
30	15	1621 SUNRAY STATE	10 00		S
30	15	1621 SUNRAY STATE	11 00		S
30	15	1621 SUNRAY STATE	12 00		S
30	15	1621 SUNRAY STATE	01 01		S
30	15	1621 SUNRAY STATE	02 01		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD INQUIRE PRODUCTION BY POOL/Well

02/19/03 11:43:07
OGOMES -TQF0
Page No: 3

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1621 Report Period - From : 01 2000 To : 12 2002

API Well No		Property Name	Prodn. Days MM/YY Prod	Production Volumes			Well
				Gas	Oil	Water	Stat
30	15	1621 SUNRAY STATE	03 01				S
30	15	1621 SUNRAY STATE	04 01				S
30	15	1621 SUNRAY STATE	05 01				S
30	15	1621 SUNRAY STATE	06 01				S
30	15	1621 SUNRAY STATE	07 01				S
30	15	1621 SUNRAY STATE	08 01				S
30	15	1621 SUNRAY STATE	09 01				S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD :
OG6IPRD INQUIRE PRODUCTION BY POOL/Well

02/19/03 11:43:08
OGOMES -TQF0
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1621 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 15 1621	SUNRAY STATE	10 01		S
30 15 1621	SUNRAY STATE	11 01		S
30 15 1621	SUNRAY STATE	12 01		S
30 15 1621	SUNRAY STATE	01 02		S
30 15 1621	SUNRAY STATE	02 02		S
30 15 1621	SUNRAY STATE	03 02		S
30 15 1621	SUNRAY STATE	04 02		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
 OG6IPRD INQUIRE PRODUCTION BY POOL/WELL

02/19/03 11:43:09
 OGOMES -TQF0
 Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
 API Well No : 30 15 1621 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 15 1621	SUNRAY STATE	05 02		S
30 15 1621	SUNRAY STATE	06 02		S
30 15 1621	SUNRAY STATE	07 02		S
30 15 1621	SUNRAY STATE	08 02		S
30 15 1621	SUNRAY STATE	09 02		S
30 15 1621	SUNRAY STATE	10 02		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
 PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/19/03 11:41:44
OGOMES -TQFO

API Well No : 30 15 1422 Eff Date : 03-01-2002 WC Status : A
Pool Idn : 22230 EMPIRE; YATES-SEVEN RIVERS
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 15324 HASTIE

Well No : 003
GL Elevation: 99999

U/L Sec Township Range North/South East/West Prop/Act(P/A)

B.H. Locn : 2 18 17S 28E FTG 2310 F N FTG 990 F W P
Lot Identifier:
Dedicated Acre: 40.00
Lease Type : F
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

CMD :
OG6ACRE

ONGARD
C102-DEDICATE ACREAGE

02/19/03 11:41:53
OGOMES -TQF0
Page No : 1

API Well No : 30 15 1422 Eff Date : 04-30-1991
Pool Idn : 22230 EMPIRE; YATES-SEVEN RIVERS
Prop Idn : 15324 HASTIE
Spacing Unit : 14492 OCD Order :
Sect/Twp/Rng : 18 17S 28E Acreage : 40.00
Dedicated Land: Simultaneous Dedication:
Revised C102? (Y/N) :

S Base U/L Sec Twp Rng Acreage L/W Ownership Lot Idn

E 2 18 17S 28E 42.93 N FD

E0005: Enter data to modify or PF keys to scroll
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 LAND PF11 NXTSEC PF12 RECONF

CMD :
OG6IPRD INQUIRE PRODUCTION BY POOL/WELL

02/19/03 11:42:02
OGOMES -TQF0
Page No: 1

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1422 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Production Volumes				Well
		MM/YY	Prod	Gas	Oil	
30 15	1422 HASTIE	01 00				T
30 15	1422 HASTIE	02 00				T
30 15	1422 HASTIE	03 00				T
30 15	1422 HASTIE	04 00				T
30 15	1422 HASTIE	05 00				T
30 15	1422 HASTIE	06 00				T
30 15	1422 HASTIE	07 00				T

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD :
 OG6IPRD
 INQUIRE PRODUCTION BY POOL/WELL

02/19/03 11:42:06
 OGOMES -TQF0
 Page No: 2

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
 API Well No : 30 15 1422 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 15 1422 HASTIE		08 00		T
30 15 1422 HASTIE		09 00		T
30 15 1422 HASTIE		10 00		T
30 15 1422 HASTIE		11 00		T
30 15 1422 HASTIE		12 00		T
30 15 1422 HASTIE		01 01		T
30 15 1422 HASTIE		02 01		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
 PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD : ONGARD

OG6IPRD INQUIRE PRODUCTION BY POOL/Well

02/19/03 11:42:07
OGOMES -TQF0
Page No: 3

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1422 Report Period - From : 01 2000 To : 12 2002

API Well No		Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30	15	1422 HASTIE	03 01		T
30	15	1422 HASTIE	04 01		T
30	15	1422 HASTIE	05 01		T
30	15	1422 HASTIE	06 01		T
30	15	1422 HASTIE	07 01		T
30	15	1422 HASTIE	08 01		P
30	15	1422 HASTIE	09 01		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD :
OG6IPRD INQUIRE PRODUCTION BY POOL/WELL

02/19/03 11:42:08
OGOMES -TQF0
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1422 Report Period - From : 01 2000 To : 12 2002

API Well No		Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30	15	1422 HASTIE	10 01		P
30	15	1422 HASTIE	11 01		P
30	15	1422 HASTIE	12 01		P
30	15	1422 HASTIE	01 02		P
30	15	1422 HASTIE	02 02		P
30	15	1422 HASTIE	03 02		P
30	15	1422 HASTIE	04 02		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

CMD : ONGARD 02/19/03 11:42:10
 OG6IPRD INQUIRE PRODUCTION BY POOL/Well OGOMES -TQF0
 Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
 API Well No : 30 15 1422 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 15 1422 HASTIE		05 02		P
30 15 1422 HASTIE		06 02		P
30 15 1422 HASTIE		07 02		P
30 15 1422 HASTIE		08 02		P
30 15 1422 HASTIE		09 02		P
30 15 1422 HASTIE		10 02		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM
 PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

FORM APPROVED
OMB NO. 1004-0137
Expires: November 30, 20005. Lease Serial No.
NM 300621a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Dry Other
b. Type of Completion: ☐ New Well ☒ Work Over ☐ Deepen ☒ Plug Back ☐ Diff. Resvr.,
Other _____

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator
Pronghorn Management Corporation8. Lease Name and Well No.
Long Box #13. Address
P. O. Box 1772 Hobbs, NM 88241

3a. Phone No. (include area code)

505-393-RECEIVED

9. API Well No.
30-015-22624

4. Location of Well (Report location clearly and in accordance with Federal requirements)*OCD - ARTESIA

At surface 1980' FNL & 660' FEL ' S30-T20S-R24E

At top prod. interval reported below

At total depth

10. Field and Pool, or Exploratory

11. Sec., T., R., M., on Block and
Survey or Area12. County or Parish 13. State
Eddy NM

14. Date Spudded

15. Date T.D. Reached

16. Date Completed

☐ D & A ☒ Ready to Prod.

17. Elevations (DF, RKB, RT, GL)*

18. Total Depth: MD
TVD19. Plug Back T.D.: MD
TVD20. Depth Bridge Plug Set: MD 8000'
TVD21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
N/A22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit report)
Directional Survey? ☐ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8"	7319'	7323'						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) CANYON	7424'	7498'	7424-347448-		36	Open
B)			50, 7492-98			
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
7424' - 7498'	1250 gallons 15% HCL-NEFE with ball sealers

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
8/20/02	9/5/02	24	→	0	28	0	N/A	.5889	Flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. Pkr.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
3/4	280		→	0	28	0		Producing	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

(See instructions and spaces for additional data on reverse side)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth


32. Additional remarks (include plugging procedure):

33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (1 full set req'd.) 2. Geologic Report 3. DST Report 4. Directional Survey
5. Sundry Notice for plugging and cement verification 6. Core Analysis 7. Other:

34.1 hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Guy A. Baber Title PARTNER

Signature  Date 9/10/02

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

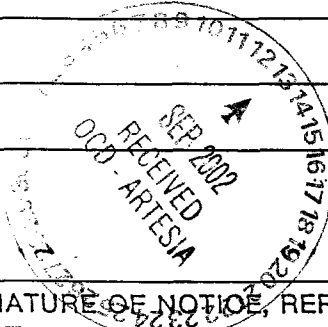
SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

Type of Well
☐ Oil Well ☒ Gas Well ☐ Other
Name of Operator
Pronghorn Management Corp.
Address and Telephone No.
P. O. Box 1772 Hobbs, NM 88241
Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL c 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.
NM 30062
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Long Box #1
9. API Well No.
30-015-22624
10. Field and Pool, or Exploratory Area
Wildcat
11. County or Parish, State
Eddy



CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. We have a well that is capable of producing in paying quantities. Well continues to produce. We plan to produce well 2 - 4 weeks.
2. Run bottom hole pressure gauges. Return well to production. Evaluate data.
3. If data so indicates, we will treat well with 10,000 - 12,000 gallons acid.
4. Produce and evaluate production. May be necessary to install compressor.

OC 07 2002

OIL CONSERVATION
DIVISION

DENIED

Lease NM-30062 Expired 08-23-2002, The End Of Its
Extended Term Without an Acceptable Showing That
Well Is Capable of Production In Paying Quantities.

RECEIVED
Hobbs
OCD

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

Signed [Signature] Title Partner Date 9/6/02

(This space for Federal or State office use)

Approved by (ORIG. SGD.) DAVID R. GLASS Title PETROLEUM ENGINEER
Conditions of approval, if any:

Date SEP 09 2002

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Case Designation and Serial No.
NM 30062

SEP 2002

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Pronghorn Management Corp.

3. Address and Telephone No.

P. O. Box 1772 Hobbs, NM 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FEL
S30-T20S-R24E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Long Box #1

9. API Well No.

30-015-22624

10. Field and Pool, or Exploratory Area

Wildcat

11. County or Parish, State

Eddy

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in & Rig up. Install B.O.P.
2. POOH with tbg. and packer.
3. Tag CIBP @ 8385' with 35' cement. Spot additional cement.
4. Set C.I.B.P. @ 8000'. Cap with 35' cement. - Tag.
5. Perforate Canyon 7424'-7434', 7448'-7450', 7492'-7498'.
6. T.I.H. with tbg. and packer. Set packer @ 7323'.
7. Acidize with 1250 gallon 15% HCL-NEFE Acid with ball sealers.
8. Swab well. Making show of gas and oil.
9. Test well for commercial production.
10. Well is capable of making production in paying quantities.

RECEIVED

OCT 07 2002

OIL CONSERVATION
DIVISION

ACCEPTED FOR RECORD

SEP - 5 2002

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

Signed

Title

Partner

Date

8/21/02

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
6. Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

PRONGHORN MGT. CORP.

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88241 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FEL
S30-T20S-R24E

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Long Box #1

9. API Well No.
30-015-22624

10. Field and Pool, or Exploratory Area

Tres Hombres Atoka

11. County or Parish, State

Eddy

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
- ☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in and Rig up. Install B.O.P.
 2. POOH with tubing and packer. Tag CIBP and cement @ 8385'
 3. Set C.I.B.P. @ $\pm 8000'$. Cap with 35' cement. - Tag
 4. Perforate Cisco Canyon
 5. Swab test well. Treat as necessary
 6. Put well on production. Test for commercial production.
 7. If not productive, prepare to P&A well. Circulate hole w/mud laden fluid.
 8. Nipple up to 4 1/2" casing. Stretch, cut and pull casing.
 9. Spot 100' cement plug. 50' in and 50' out of 4 1/2" stub $\pm 5000'$. - Tag
 10. Set 100' cement plug 2763' - 2863'.
 11. Set 100' plug @ 8 5/8" shoe. 50' in and 50' out 1875' - 1975'. - Tag
 12. Set 100' plug @ 13 3/8" shoe. 50' in and 50' out. 345' - 445'. - Tag
 13. Set 50' surface plug. Erect dry hole marker.
 14. Clean location. Move out equipment.
- *Mud laden fluid to be circulated with all plugs.

Accepted for record - NMOCB

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

Signed *[Signature]*

Title Partner

Date 5-6-02

(This space for Federal or State office use)

Approved by

DENIED

Title ORIG. SGD.) GARY GOURLEY

Date 5/10/02

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210
FORM APPROVED
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Pronghorn Management Corporation

3. Address and Telephone No.
P. O. Box 1772 Hobbs, NM 88241 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.
NM 30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Long Box # 1

9. API Well No.
30-015-22624

10. Field and Pool, or Exploratory Area
Très Hombres Atoka

11. County or Parish, State
Eddy

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Move in & Rig up. Install B.O.P. Tag CIBP @ 8385' w/ 35' cement
 2. POOH with tubing & packer.
 3. Set C.I.B.P. @ ±8000'. Cap with 35' cement. - Tag
 4. Perforate Cisco Canyon.
 5. Swab test well. Treat as necessary.
 6. If not productive, set C.I.B.P. @ ± 7000'. - Tag
Cap w/ 35' cement
 7. Perforate AB6. ← Perforate @ ±6000' & Squeeze w/ 500SX. Accepted for record - NMOCD
 8. Swab test well. Treat as necessary.
 9. If not productive, prepare to P&A well. Circulate hole w/ mud laden fluid.
 10. Nipple up to 4 1/2" casing. Stretch, cut & pull casing.
 11. Spot 100' cement plug. 50' in and 50' out of 4 1/2" stub ±5000'. - Tag
 12. Set 100' cement plug 2763' - 2863'.
 13. Set 100' plug @ 8 5/8" shoe. 50' in and 50' out 1875' - 1975'. Tag.
 14. Set 100' plug @ 13 3/8" shoe. 50' in and 50' out. 345' - 445'. - Tag
 15. Set 50' surface plug. Erect dry hole marker.
 16. Clean location. Move out equipment.
- *Mud laden fluid to be circulated with all plugs.

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

Signed David R. Glass Title Partner Date 2-12-02

(This space for Federal or State Agency Use)

Approved by (ORIG. SGD.) DAVID R. GLASS Title _____ Date _____

Conditions of Approval, if any.
FEB 13 2002

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

PETROLEUM ENGINEER

*See Instruction on Reverse Side

SF

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTOil Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

PRONGHORN MANAGEMENT CORPORATION

3. Address and Telephone No.

P. O. BOX 1772 HOBBS, NM 88241 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.

NM30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LONG BOX #1

9. API Well No.

30-015-22424

10. Field and Pool, or Exploratory Area

TRES HOMBRES ATOKA

11. County or Parish, State

EDDY

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

TYPE OF SUBMISSION

- ☒
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- ☐
- Abandonment
-
- ☒
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☐
- Other
-
- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Move in and rig up. Install F.O.P.
2. POOH with tubing and packer.
3. Set C.I.B.P. @ $\pm 8000'$ cap with 35' cement.
4. Run gamma-ray-neutron log from 7750' - 5000'...
Perforate Cisco Canyon. (Perforations to be picked from cased hole log)
5. Swab well. Treat as necessary.
6. Put on production.
7. Work to be performed by January 31, 2002.

APPROVED

DEC 10 2001

LES BABYAK
PETROLEUM ENGINEERAPPROVED FOR...
ENDING 11/31/02

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

Signed

Title Partner

Date 12/10/01

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

811 S. 1st Street

Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P. O. Box 1772 Hobbs, NM 88241 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.

NM 30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Long Box # 1

9. API Well No.

10. Field and Pool, or Exploratory Area

Tres Hombres Atoka

11. County or Parish, State

Eddy

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☒ Recompletion

☒ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in and Rig up. Install B.O.P.
2. POOH with tubing and packer.
3. Set C.I.B.P. @ $\pm 8000'$. Cap with 35' cement.
4. Perforate Cisco Canyon.
5. Swab well Treat as necessary.
6. Put on production.

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

Signed

Title Partner

Date

3-16-01

(This space for Federal or State office use)

Approved by
Conditions of Approval

DRG SGP GARY COURLEY

Title

PE

Date

4/24/01

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

51
N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834
M APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P. O. Box 1772 Hobbs, NM 88241 505-303-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FNL & 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.

NM 30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Longbox #1

9. API Well No.

30-015-22624

10. Field and Pool, or Exploratory Area

Tres Hombres Atoka

11. County or Parish, State

Eddy

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

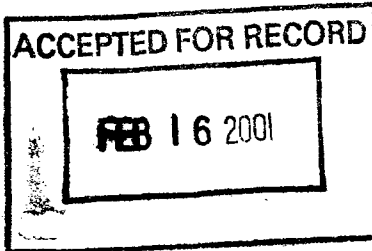
TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Move in and rig up.. Install B.O.P. 1/15/01
2. POOH w/tbg. and seal assembly
3. Rig up wireline. Set C.I.B.P. @ 8385' Cap w/ 35' cement
4. Perforate Strawn @ 8088' - 8096' w/4JSPP (ORIG. SGD.) GARY GOURLEY
5. TIH w/ 2 3/8" tbg & Arrow packer. Set @7998'
6. Take off B.O.P. Flange up wellhead
7. Swab test well. Small show of gas.
8. Prepare to acidize and evaluate well



RECEIVED
2001 FEB - 7 11 A 10:51
BUREAU OF LAND MANAGEMENT
NEW MEXICO

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

Signed [Signature] Title Partner Date 2/5/01

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

ARTESIA

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Pronghorn Management Corporation

3. Address and Telephone No.
P. O. Box 1772 Hobbs, NM 88241 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 660' FEL
S30-T20S-R24E

5. Lease Designation and Serial No.
NM 30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. ^{CDW}
Longbox #1

9. API Well No.

10. Field and Pool, or Exploratory Area
Tres Hombres Atoka

11. County or Parish, State
New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in and rig up. Install B.O.P.
2. Set C.I.B.P. @ \pm 8500'. Cap with 35' cement.
3. TIH with 2 3/8" tbg. and Otis Perma-Lach Pkr. Set @ 7900'. N.D. B.O.P. and N.U. wellhead
4. Through - tbg. Perforate ^{STRAWN} Atoka 8088' - 8096'.
5. Swab well. Treat as necessary.
6. Put on production



1001 AUG 21 A 8 43

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

Signed [Signature] Title Partner Date 8/18/00

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date AUG 23 2000

Conditions of approval, if any:

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT CORPORATION P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
		Reason for Filing Code CG Chng Gas Trnsporter
API Number 30 - 0 15-22624	Pool Name TRES HOMBRES ATOKA	Pool Code 86423
Property Code 15327	Property Name LONGBOX COMM #1	Well Number 01

II. Surface Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
H	30	20S	24E		1980	North	660	EAST	EDDY

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
147831	AGAVE ENERGY CO. 105 SOUTH FOURTH ST ARTESIA, NM 88210	0499330	G	H 30 20S 24E
				RECEIVED
				NOV 27 1995
				OIL CON. DIV. DIST. 2

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Sherry Wade*

Printed name: SHERRY WADE

Title: PROD CLERK

Date: 11/21/95

Phone: 392-5516

OIL CONSERVATION DIVISION

Approved by: *Jim W. Gunn*

Title: District Supervisor

Approval Date: 12/1/95

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

5F

OIL CONSERVATION DIVISION

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State of New Mexico

Energy, Minerals and Natural Resources Department

MAR 14 1994

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Submit 3 Copies
Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator PRONGHORN MANAGEMENT CORPORATION		Well Adj. No. 30-015-22624
Address P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) OPERATOR NAME CHANGE ONLY Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LONG BOX COMM.	Well No. 1	Pool Name, including Formation TRES HOMBRES ATOKA	Kind of Lease State (Federal) Free	Lease No. N/A
Location Unit Letter <u>H</u> : 1980 Feet From The <u>FNL</u> Line and <u>60</u> Feet From The <u>FEL</u> Line Section <u>30</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO. PIPELINE DIVISION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, ARTESIA, N.M. 88211					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> ENRON TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2267, MIDLAND, TX. 79702					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 30	Twp. 20S	Rge. 24E	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbs. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
Printed Name 3-5-94 Title (505) 392-5516
Date 3-5-94 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By M Morgan
Title SS

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All portions of this form must be filled out for allowable on new and recompleted wells.

Submit 5 Copies
Appropriate District Office
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 State of New Mexico
Energy, Minerals and Natural Resources Department

JAN 28 1994

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-015-22624
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> XXXX Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> CHANGE NAME OF WELL TO INCLUDE COM
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> EFF. 08/89
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LONG BOX COMM	Well No. 1	Pool Name, Including Formation TRES HOMBRES ATOKA	Kind of Lease State (Federal or N/A)	Lease No. NMNM 30062
Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 30 Township 20-S Range 24-E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PROD CLERK
Printed Name Title
01/24/94 (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 3 1994

Date Approved
By M Morgan
Title SE

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
- and VI for changes of operator, well name or number, transporter, or other such changes.

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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JUN 2 2 1992

JUN 2 5 34
OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BABER WELL SERVICING COMPANY	Well API No. 300152262400
Address P.O. BOX 1772	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name LONG BOX	Well No. 1	Pool Name, including Formation TRES HOMBRES ATOKA (GAS)	Kind of Lease State (Federal)	Lease No. NM-30062
Location Unit Letter <u>H</u> : <u>1980'</u> Feet From The <u>N</u> Line and <u>660'</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
ENRON TRANSWESTERN PIPELINE COMPANY	P.O. BOX 1188 HOUSTON, TX 77251					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature SHERRY WADE PRODUCTION CLERK

Printed Name Sherry Wade Prod Clerk
Date 6/18/92 (505) 392-5516 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 2 5 1992

By Mike Williams

Title SUPERVISOR DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

RECORDS
SECONDARY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

APR 27 1992

O. C. D.
ATOKA OFFICE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BABER WELL SERVICING COMPANY

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88241 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' from North line, 660' from East line.

SE $\frac{1}{2}$, NE $\frac{1}{2}$, sec 30, T 20 S, R 24 E.

5. Lease Designation and Serial No.

NM-30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LONG BOX #1

9. API Well No.

10. Field and Pool, or Exploratory Area

WILDCAT ATOKA

11. County or Parish, State

EDDY COUNTY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other NAME CHANGE

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3/31/92 NAME CHANGE FROM LONG BOX UNIT #1 TO LONG BOX #1

RECEIVED
APR 1 11 24 AM '92
CALIFORNIA
AREAS

FILED FOR RECORD
APR 2 1992

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

Signed

Sherry Stader

Title PROD CLERK

Date 3/31/92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Form 100-5
(June 1990)

OIL CONSERVATION DIVISION
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

APR 27 1992

O. C. D.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BABER WELL SERVICING COMPANY ✓

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88241 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' from North line, 660' from East line.
SE $\frac{1}{2}$, NE $\frac{1}{2}$ sec 30, T. 20 S., R. 24 E.

5. Lease Designation and Serial No.

NM-30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LONG BOX UNIT #1

9. API Well No.

10. Field and Pool, or Exploratory Area

WILDCAT ATOKA

11. County or Parish, State

EDDY COUNTY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other RETURN TO PRODUCTION
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3/25/92: Confirmed contract w/ Enron Transwestern. Installed meter run, connected flow line.

3/26/92: Put well on line @ 1400 hrs MDT, flowed 7 hrs, Shut in 17 hrs, FARO 200 MCF PD.

3/27/92: Installed intermitter, flowing 2 hrs, Shut in 4 hrs. FARO 200 MCF PD.

3/28/92: Well on test.

COPIED FOR RECORD

AR

APR 27 1992

NEW MEXICO

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

Signed

Thomas R. Clark

Title Engineer

Date 03/30/92

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAR 25 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CONSERVATION DIVISION
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2 APR 5 1992

APR 10 1992

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.
ARTESIA OFFICE

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BABER WELL SERVICING COMPANY

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88241 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' from North line, 660' from East line

SE $\frac{1}{2}$ NE $\frac{1}{2}$ sec 30, T. 20 S., R. 24 E.

5. Lease Designation and Serial No.

NM-30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LONG BOX UNIT #1

9. API Well No.

10. Field and Pool, or Exploratory Area

WINDCAT ATOKA

11. County or Parish, State

ELDY COUNTY, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Return to production

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We have confirmed w/ Enron that the meter run will be reinstalled by 03/20/92.

Baber will re-schedule proposed work the week of 03/23/92.

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

Signed

Sherry Haden

Title

Production clerk

Date

03/13/92

(This space is for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

Form 3160-5
(June 1990)

INSERTION DIVISION
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAR 25 1992

O. C. D.
ARTESIA OFFICE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BABER WELL SERVICING COMPANY

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88241 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' from North line, 660' from East line
SE $\frac{1}{4}$ NE $\frac{1}{4}$ sec 30, T. 20 S., R. 24 E.

5. Lease Designation and Serial No.

NM-30062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LONG BOX UNIT #1

9. API Well No.

10. Field and Pool, or Exploratory Area

WILDCAT ATOKA

11. County or Parish, State

EDDY COUNTY, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Return to production

☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Per our letter dtd 03/04/92, rig was sent to location to bleed well down on 03/09/92. At that time it was found that Enron Transwestern had taken out the meter and all lines to the well.

We are presently working with Joe Reynolds of Enron to get the meter reinstalled. We will return the well to production at that time.

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

Signed

Title Engineer

Date 3/10/92

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:



P.O. BOX 1772
2815 LOVINGTON HIGHWAY
HOBBS, N.M. 88241
(505) 392-5516
FAX: (505) 392-1176

March 4, 1992

BUREAU OF LAND MANAGEMENT
ATTN: VINCE BALDEREZ
P.O. BOX 1157
HOBBS, NM 88241

RE: LONGBOX UNIT #1 - NM-30062
H 30 20S 24E


Dear Mr. Baldere:

This letter is in response to our telephone conversation on 03/02/92 in regards to the Longbox #1. Baber Well Servicing Company plans to rework this well beginning March 9th, 1992.

Plans are to swab the well in and put it back on production. After sufficient time to evaluate the well; we will possibly fracture treat the well.

Please advise if you should have any questions concerning our intentions.

Sincerely,
BABER WELL SERVICING CO.


G. A. BABER
President

GAB/sw

cc

BABER

RECEIVED

P.O. BOX 1772
2815 LOVINGTON HIGHWAY
HOBBS, N.M. 88241
(505) 392-5518
FAX: (505) 392-1176

MAR 12 10 12 AM '92

CARL
AREA

February 17, 1992

Bureau of Land Management
Roswell District Office
P.O. Box 1187
Roswell, NM 88202-1397

Re: Long Box Unit #1, NM-30062, 3108 (005)

Dear Mr. Lopez,

In reference to your letter dated 12/27/91 on the above captioned well. Baber Well Servicing Company plans to rework this well.

Plans are to swab the well in and put it back on production. After sufficient time to evaluate the well; we will possibly fracture treat the well.

Please advise if you should have any questions concerning our intentions.

Sincerely,
BABER WELL SERVICING CO.

G. A. Baber
President

GAB/sw

cc

NMOCC COPY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R-475.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY30-015-22624
5. LEASE DESIGNATION AND SERIAL NO.
~~NM-30884~~ NM-3006

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

JUL 21 1978

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Inexco Oil Company

O. C. C.

3. ADDRESS OF OPERATOR

ARTESIA, OFFICE

1100 Milam Building - Suite 1900 - Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

Unit "H", 1980' FNL, 660' FEL, Sec. 30, T-20-S, R-24-E

At proposed prod. zone

Unit "H", 1980' FNL, 660' FEL, Sec. 30, T-20-S, R-24-E

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

19 miles South Southeast from Hope, New Mexico

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

660'

16. NO. OF ACRES IN LEASE

320'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320'

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

-0-

19. PROPOSED DEPTH

9700'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3894' GR

22. APPROX. DATE WORK WILL START*

July 15, 1978

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	48#	200'	300 Sacks
12 1/2"	8 5/8"	24#	2000'	1400 Sacks
7 7/8"	5 1/2"	17#	9700'	350 Sacks

Operator proposes to drill a Mississippian Well using Rotary Tools to approximately 9700'. Cement will be circulated on the 13 3/8" and 8 5/8" casing strings. Operator plans to test significant shows and evaluate with adequate logging program. Completion or abandonment will be performed in accordance with prudent practices and regulatory body requirements. A double ram Series 900 BOP and choke manifold will be used from 8 5/8" casing to total depth.

Gas is not dedicated

JUN 16 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

SEE ATTACHED BOP SKETCH

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

Agent

DATE 6-15-78

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

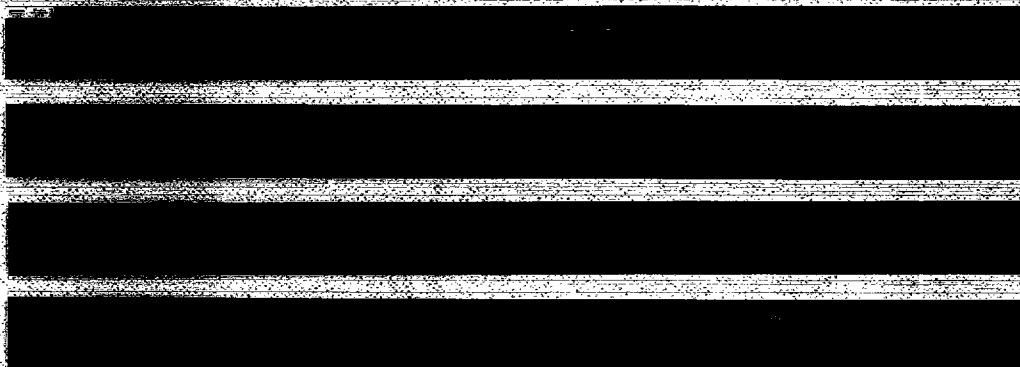
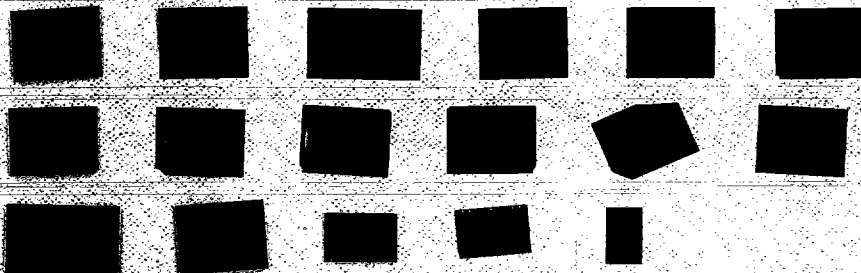
CONDITIONS OF APPROVAL, IF ANY:

Petroleum Information
Corporation
GEO-FICHE™

20S-24E-30-08 (SE NE)
NEW MEXICO NM

WELL: LONG BOX UNIT 1
OPER: BABER WELL SERVICE
CNTY: EDDY

API: 30-015-22624
ISSUE: A07/87
CARD: 1+



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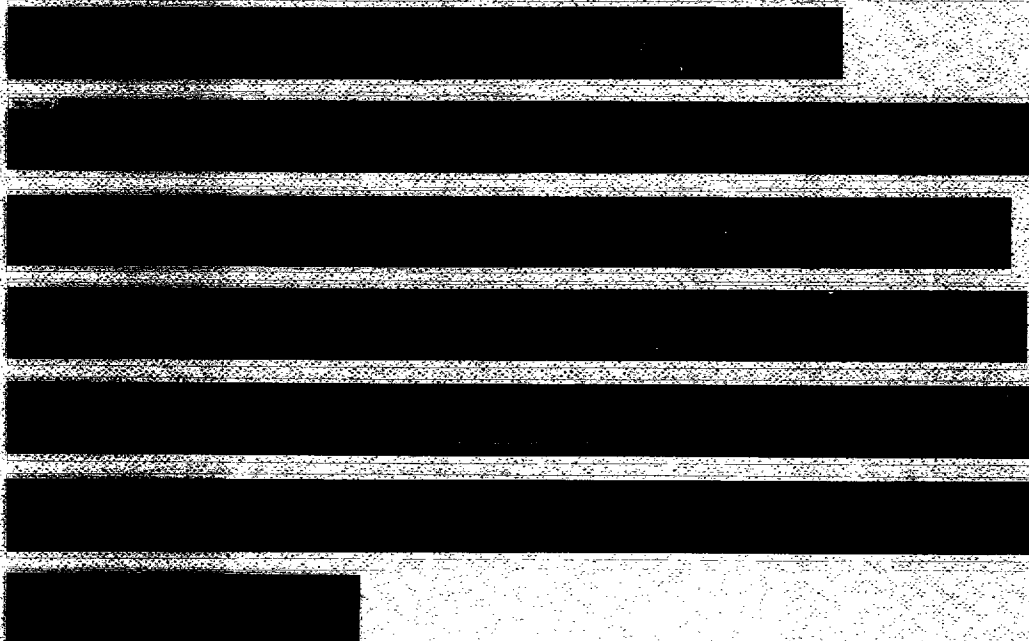
ILLEGIBLE

Petroleum Information
Corporation
GEO-FICHE™

20S-24E-30-08 (SE NE)
NEW MEXICO NM

WELL: LONG BOX UNIT 1
OPER: BABER WELL SERVICE
CNTY: EDDY

API: 30-015-22624
ISSUE: A07/87
CARD: 2



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CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/19/03 11:57:36
OGOMES -TQF0

API Well No : 30 15 22624 Eff Date : 05-01-1994 WC Status : A
Pool Idn : 86423 TRES HOMBRES;ATOKA (GAS)
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 15327 LONG BOX COM

Well No : 001
GL Elevation: 3894

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	:	H	30	20S	24E	FTG 1980 F N FTG 660 F E	A
Lot Identifier:							
Dedicated Acre:	320.00						
Lease Type	:	F					
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :							

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NxtREC

CMD : ONGARD
 OG6ACRE C102-DEDICATE ACREAGE

02/19/03 12:04:24
 OGOMES -TQF0
 Page No : 1

API Well No : 30 15 22624 Eff Date : 04-30-1991
 Pool Idn : 86423 TRES HOMBRES;ATOKA (GAS)
 Prop Idn : 15327 LONG BOX COM
 Spacing Unit : 21812 OCD Order :
 Sect/Twp/Rng : 30 20S 24E Acreage : 320.00 Revised C102? (Y/N) :
 Dedicated Land:

S	Base U/L	Sec	Twp	Rng	Acreage	L/W	Ownership	Lot	Idn
A	30	30	20S	24E	40.00	N	FD		
B	30	30	20S	24E	40.00	N	FD		
G	30	30	20S	24E	40.00	N	FD		
H	30	30	20S	24E	40.00	N	FD		
I	30	30	20S	24E	40.00	N	FD		
J	30	30	20S	24E	40.00	N	FD		
O	30	30	20S	24E	40.00	N	FD		
P	30	30	20S	24E	40.00	N	FD		

E0005: Enter data to modify or PF keys to scroll
 PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05
 PF07 BKWD PF08 FWD PF09 PF10 LAND PF11 NXTSEC PF12 RECONF

CMD :
OG6IPRD INQUIRE PRODUCTION BY POOL/WELL

02/19/03 12:04:41
OGOMES -TQF0
Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 86423 TRES HOMBRES;ATOKA (GAS)
API Well No : 30 15 22624 Report Period - From : 01 2000 To : 12 2002

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 15 22624	LONG BOX COM	05 02		P
30 15 22624	LONG BOX COM	06 02		P
30 15 22624	LONG BOX COM	07 02		P
30 15 22624	LONG BOX COM	08 02	25	P
30 15 22624	LONG BOX COM	09 02	25	P
30 15 22624	LONG BOX COM	10 02	25	P
30 15 22624	LONG BOX COM		116	P

Reporting Period Total (Gas, Oil) : 271

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPool PF11 NXTOGD PF12

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[NMBGMR](#)



[ABOUT](#) | [GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#)

View Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: LONG BOX COM **No.:** 001
Operator: PRONGHORN MANAGEMENT CORP
API: 3001522624 **Township:** 20.0S **Range:** 24E
Section: 30 **Unit:** H
Land Type: F **County:** Eddy **Total Acreage:** 320
Number of Completion with Acreage: 1
Accumulated:
Oil: 67 (BBLS) **Gas:** 26690 (MCF)
Water: 0 (BBLS) **Days Produced:** 1046 (Days)

Year: 1984
 Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	5737	0	31	0	5737
February	0	1566	0	17	0	7303
March	0	1997	0	31	0	9300
April	0	904	0	30	0	10204
May	0	870	0	31	0	11074
June	0	1054	0	30	0	12128
July	0	402	0	25	0	12530
August	0	145	0	31	0	12675
September	0	85	0	15	0	12760
October	0	127	0	7	0	12887
November	0	26	0	3	0	12913
December	0	340	0	31	0	13253
Total	0	13253	0	282		

Year: 1985
 Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	13253
February	0	271	0	15	0	13524
March	0	250	0	15	0	13774
April	0	115	0	15	0	13889
May	0	794	0	18	0	14683
June	0	820	0	30	0	15503
July	0	72	0	10	0	15575
August	0	314	0	16	0	15889
September	0	136	0	0	0	16025
October	0	234	0	0	0	16259
November	0	223	0	0	0	16482
December	0	298	0	0	0	16780
Total	0	3527	0	119		

Year: 1986

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	275	0	0	0	17055
February	0	59	0	0	0	17114
March	0	25	0	0	0	17139
April	0	122	0	0	0	17261
May	0	166	0	99	0	17427
June	0	113	0	99	0	17540
July	0	127	0	99	0	17667
August	0	92	0	99	0	17759
September	0	5	0	99	0	17764
October	0	0	0	99	0	17764
November	0	0	0	99	0	17764
December	0	0	0	99	0	17764
Total	0	984	0	792		

Year: 1987

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	99	0	17764
February	0	0	0	0	0	17764
March	0	0	0	0	0	17764
April	0	0	0	0	0	17764
May	0	0	0	0	0	17764
June	0	0	0	0	0	17764

July	0	0	0	0	0	17764
August	0	0	0	0	0	17764
September	0	0	0	0	0	17764
October	0	0	0	0	0	17764
November	0	0	0	0	0	17764
December	0	0	0	0	0	17764
Total	0	0	0	99		

Year: 1988

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	17764
February	0	0	0	0	0	17764
March	0	0	0	0	0	17764
April	0	0	0	0	0	17764
May	0	0	0	0	0	17764
June	0	0	0	0	0	17764
July	0	0	0	0	0	17764
August	0	0	0	0	0	17764
September	0	0	0	0	0	17764
October	0	0	0	0	0	17764
November	0	0	0	0	0	17764
December	0	0	0	0	0	17764
Total	0	0	0	0		

Year: 1989

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	17764
February	0	0	0	0	0	17764
March	67	0	0	31	67	17764
April	0	0	0	0	67	17764
May	0	0	0	0	67	17764
June	0	0	0	0	67	17764
July	0	0	0	0	67	17764
August	0	0	0	0	67	17764
September	0	0	0	0	67	17764
October	0	0	0	0	67	17764
November	0	0	0	0	67	17764
December	0	0	0	0	67	17764

Total **67** 0 0 31

Year: 1990

Pool Name: TRES HOMBRES:ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	17764
February	0	0	0	0	67	17764
March	0	0	0	0	67	17764
April	0	0	0	0	67	17764
May	0	0	0	0	67	17764
June	0	0	0	0	67	17764
July	0	0	0	0	67	17764
August	0	0	0	0	67	17764
September	0	0	0	0	67	17764
October	0	0	0	0	67	17764
November	0	0	0	0	67	17764
December	0	0	0	0	67	17764
Total	0	0	0	0		

Year: 1991

Pool Name: TRES HOMBRES:ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	17764
February	0	0	0	0	67	17764
March	0	0	0	0	67	17764
April	0	0	0	0	67	17764
May	0	0	0	0	67	17764
June	0	0	0	0	67	17764
July	0	0	0	0	67	17764
August	0	0	0	0	67	17764
September	0	0	0	0	67	17764
October	0	0	0	0	67	17764
November	0	0	0	0	67	17764
December	0	0	0	0	67	17764
Total	0	0	0	0		

Year: 1992

Pool Name: TRES HOMBRES:ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	17764
February						

	0	0	0	0	67	17764
March	0	284	0	0	67	18048
April	0	1327	0	30	67	19375
May	0	16	0	31	67	19391
June	0	355	0	30	67	19746
July	0	2	0	31	67	19748
August	0	0	0	0	67	19748
September	0	0	0	0	67	19748
October	0	160	0	30	67	19908
November	0	853	0	30	67	20761
December	0	86	0	31	67	20847
Total	0	3083	0	213		

Year: 1993

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	131	0	31	67	20978
February	0	11	0	1	67	20989
March	0	0	0	0	67	20989
April	0	0	0	0	67	20989
May	0	85	0	5	67	21074
June	0	20	0	4	67	21094
July	0	0	0	0	67	21094
August	0	34	0	1	67	21128
September	0	7	0	1	67	21135
October	0	0	0	0	67	21135
November	0	0	0	0	67	21135
December	0	343	0	8	67	21478
Total	0	631	0	51		

Year: 1994

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	701	0	13	67	22179
February	0	843	0	28	67	23022
March	0	127	0	15	67	23149
April	0	194	0	30	67	23343
May	0	61	0	18	67	23404
June	0	180	0	16	67	23584
July	0	0	0	0	67	23584

August	0	48	0	6	67	23632
September	0	74	0	9	67	23706
October	0	361	0	9	67	24067
November	0	13	0	8	67	24080
December	0	11	0	7	67	24091
Total	0	2613	0	159		

Year: 1995

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	24091
February	0	110	0	12	67	24201
March	0	296	0	21	67	24497
April	0	0	0	0	67	24497
May	0	9	0	2	67	24506
June	0	447	0	31	67	24953
July	0	64	0	19	67	25017
August	0	52	0	14	67	25069
September	0	21	0	6	67	25090
October	0	0	0	0	67	25090
November	0	0	0	0	67	25090
December	0	0	0	0	67	25090
Total	0	999	0	105		

Year: 1996

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	207	0	4	67	25297
February	0	131	0	5	67	25428
March	0	11	0	5	67	25439
April	0	3	0	1	67	25442
May	0	5	0	1	67	25447
June	0	5	0	2	67	25452
July	0	0	0	1	67	25452
August	0	0	0	1	67	25452
September	0	0	0	1	67	25452
October	0	0	0	0	67	25452
November	0	0	0	0	67	25452
December	0	0	0	0	67	25452
Total	0	362	0	21		

Year: 1997

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	25452
February	0	0	0	0	67	25452
March	0	0	0	0	67	25452
April	0	0	0	0	67	25452
May	0	0	0	0	67	25452
June	0	0	0	0	67	25452
July	0	0	0	0	67	25452
August	0	0	0	0	67	25452
September	0	0	0	0	67	25452
October	0	0	0	0	67	25452
November	0	562	0	1	67	26014
December	0	10	0	1	67	26024
Total	0	572	0	2		

Year: 1998

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	26024
February	0	0	0	0	67	26024
March	0	0	0	0	67	26024
April	0	14	0	1	67	26038
May	0	0	0	0	67	26038
June	0	0	0	0	67	26038
July	0	0	0	0	67	26038
August	0	0	0	0	67	26038
September	0	0	0	0	67	26038
October	0	0	0	0	67	26038
November	0	0	0	0	67	26038
December	0	0	0	0	67	26038
Total	0	14	0	1		

Year: 1999

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	26038
February	0	32	0	1	67	26070
March	0	416	0	5	67	26486
April						

	0	8	0	1	67	26494
May	0	41	0	5	67	26535
June	0	0	0	0	67	26535
July	0	0	0	0	67	26535
August	0	0	0	0	67	26535
September	0	0	0	0	67	26535
October	0	0	0	0	67	26535
November	0	0	0	0	67	26535
December	0	0	0	0	67	26535
Total	0	497	0	12		

Year: 2000

Pool Name: TRES HOMERES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	26535
February	0	0	0	0	67	26535
March	0	0	0	0	67	26535
April	0	0	0	0	67	26535
May	0	0	0	0	67	26535
June	0	0	0	0	67	26535
July	0	0	0	0	67	26535
August	0	0	0	0	67	26535
September	0	0	0	0	67	26535
October	0	0	0	0	67	26535
November	0	0	0	0	67	26535
December	0	0	0	0	67	26535
Total	0	0	0	0		

Year: 2001

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	26535
February	0	0	0	0	67	26535
March	0	0	0	0	67	26535
April	0	0	0	0	67	26535
May	0	0	0	0	67	26535
June	0	0	0	0	67	26535
July	0	0	0	0	67	26535
August	0	0	0	0	67	26535
September	0	0	0	0	67	26535

October	0	0	0	0	67	26535
November	0	0	0	0	67	26535
December	0	0	0	0	67	26535
Total	0	0	0	0		

Year: 2002

Pool Name: TRES HOMBRES;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	67	26535
February	0	0	0	0	67	26535
March	0	0	0	0	67	26535
April	0	0	0	0	67	26535
May	0	0	0	0	67	26535
June	0	0	0	0	67	26535
July	0	0	0	0	67	26535
August	0	30	0	25	67	26565
September	0	125	0	25	67	26690
Total	0	155	0	50		

Page last updated: 08/14/2001. Webmaster: gotech@prrc.nmt.edu