Submit 3 Copies To Appropriate District Office	State of New Me			Form C-10	
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	Revised March 25, 19	99
1625 N. French Dr., Hobbs, NM 88240 District II			30-037-20031 2005/		
1301 W. Grand Avenue, Artesia, NM 88210				of Lease	
District IV 1220 South St. Francis Dr. Santa Fe, NM 87505			STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & G	as Lease No.	
	7 Lassa Nama a	Unit Agreement Na			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:			Anna Katheryn		
Oil Well Gas Well			Ц		
2. Name of Operator Prairie Su	8. Well No. 1				
3. Address of Operator 10713 RR 620 N., Bldg F Suite 621, Austin Tx 78726			9. Pool name o r Wildcat	· Wildcat	
4. Well Location					
Unit Letter :66	0feet from the West	line and _19	60 feet from	n the South	ne
Section 19	Township 10N Ra	ange 27E	NMPM Quay	County	
	10. Elevation (Show whether D 4365' GR				
11. Check App	propriate Box to Indicate N				
			SEQUENT REF		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 📙	ALTERING CASING	Ш
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION	CASING TEST AN	ND V		
OTHER:		OTHER:			
12. Describe proposed or complete	ed operations. (Clearly state all		d give pertinent date	es, including estimated	date
of starting any proposed work). Some or recompilation.	SEE RULE 1103. For Multiple	Completions: Attacl	h wellbore diagram	of proposed completio	'n
Set 8 5/8" csg shoe at 3095'	water to 3095'. Rig up and ru . Float collar at 3052'. Ceme ⊉ 12.8#/gal, Tail with 200 sx.	nt csg with 670 sx	Lite cmt (65/35/6)	+ 1/4#/sx celloflake	
Plug down at 0230 hrs on 9/	26/02.				
Nipple up 11" 3000 psi WP [Double Ram BOP. Install 8 5/	'8" slips, seal asse	mbly and "B" secti	on.	
Test head, csg and BOP to	3000 psiOK.				
WOC for 18 hrs. Drill out wi	th 7 7/8" bit at 0300 hrs on 9/2	27/02			
1					
I hereby certify that the information a	bove is thue and complete to the	best of my knowled	ge and belief.		—
SIGNATURE Olne	TITLE_	•		DATE 10/5/02	
Type or print name Gene Lee			Telan	hone No. (505) 622-7	355
(This space for State use)			1 eleb	1010 110. (000) 022-7	<u>سی</u>
1811		DISTRICT SI	UPERVISOR	12/ul	/ ^ >
APPPROVED BY Conditions of approval, if any	TITLE	NOTATE O	OF ER VIOUR	DATE 1047/1	ے ر