Submit 3 Copies To Appropriate District Office	State of New Me			Form C-103
District I	Energy, Minerals and Nati	ıral Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			30-037-20031	ļ
1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE] FEE 🗹	
District IV	Santa Fe, NM 8	/505	6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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.)			7. Lease Name or Unit Agreement Name: Anna Katheryn	
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator Prairie Sun, Inc.			8. Well No. 1	
3. Address of Operator 10713 RR 620 N., Bldg F Suite 621, Austin Tx 78726			9. Pool name or Wildcat Wildcat	
4. Well Location				
Unit Letter_ 66	feet from the West	line and 19	80feet from	the South line
Section 19	Township 10N R	ange 27E	NMPM Quay	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4365" GR				
11. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Other I	Data
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			SEQUENT REF	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AI	ND V	ADANDONMENT
OTHER:		OTHER:		П
12. Describe proposed or complete of starting any proposed work). or recompilation.		pertinent details, an		
Roy Johnson of Spud. Drill	rgy Services Rig #23. Spud v 17 1/2" hole to 356'. Rig up h 388 sx Class "C" + 2% Ca0	and run 9 jts, 358'	of 13 3/8" 48# J55	ST&C csg. Set
Nipple up 11" 3000 psi WP (Double Ram BOP. Welded o	n 13 3/8" slip on w	ellhead rated 3000	psi WP.
Test head, csg and BOP to	1000 psiOK.			
WOC for 16 hrs. Drill out wi	th 11" bit on 9/20/02			
I hereby certify that the information a	Sove is true and complete to the	best of my knowled	ge and belief.	
SIGNATURE SUM SU	TITLE	Agent		DATE 9/23/02
Type or print name Gene-Lee		·	Teleph	none No. (505) 622-7355
(This space for State use)				
APPPROVED BY Conditions of approval, if any:	TITLE	DISTRICT SU	JPERVISOR .	DATE 12/4/02