Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-00649

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-379

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: State A

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Pronghorn Mgt. Corp.

8. Well No. 1

3. Address of Operator: P.O. Box 1772 Hobbs, N.M. 88240

9. Pool name or Wildcat: Empire Yates 7 Rivers

4. Well Location
Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line

Section 36 Township 17 S Range 27 E NMPM. Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3626

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

1. Move in and rig up ptia equipment.
2. Tag for total depth. → 100' Plug 390' to 490' tag
3. Cement well from total depth to surface. → Perf csg. Squeeze 60' of cmt outside csg. 10' to 70' Leave 60' of cmt inside of
4. Erect dry hole marker csg.
5. Clean location.

Salt gel mud consisting of 10# Brine W/25# of gel per bbl must be placed between each plug

Notify OCD 24 hrs. prior to any work done

RECEIVED
SEP 2001
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE Partner DATE 9/17/01

TYPE OR PRINT NAME Guy A. Bohen TELEPHONE NO. 393-9176

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep II DATE 10-4-01

CONDITIONS OF APPROVAL, IF ANY: