

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

DRAFT APPROVED
Budget Bureau No. 00400310
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 CORPORATION

Address and Telephone No.

P.O. BOX 1772 HOBBS, NEW MEXICO 88241

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

Unit Ltr. F 1650' FNL, 1734' FWL,
SEC 18, TWN 17-S, RNGE 28-E NMPM

5. Lease Designation and Serial No.

LC 045818 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HASTIE #5

9. API Well No.

30-015-01417

10. Field and Pool, or Exploratory Area

Empire Yates Seven Rivers

11. County or Parish, State

EDDY CNTY, NM

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

TYPE OF SUBMISSION

TYPE OF ACTION

XXXXXX Notice of Intent

☐ Subsequent Report☐ Final Abandonment Notice

XXXXXX 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.)

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. M.I.R.U.
2. PULL RODS & TBG.
3. DUMP SAND FROM 475' TO 524' TOP OF CASING.
4. TAG TOP OF SAND W/ DEPTHOMETER
5. DUMP APPX 4-1/2 CU YDS OF CEMENT TO FILL 7" CSG.
6. INSTALL DRY HOLE MARKER
7. CLEAN LOC.

I hereby certify that the foregoing is true and correct.

Signature of _____
Title _____
Date 6-12-95

(ORIG. SCD.) JOE G. LARA

PETROLEUM ENGINEER

Approved by _____
Conditions of approval, if any: _____

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

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SUBMIT IN TRIPLICATE ✓

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

PRONGHORN MANAGEMENT CORPORATION

(505) 392-5516

Address and Telephone No.

P.O. BOX 1772 HOBBS, NEW MEXICO 88241

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

Unit Ltr. F 1650' FNL, 1734' FWL,
SEC 18, TWN 17-S, RNGE 28-E NMPM

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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LC 045818 A

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RECEIVED

JUN 16 1995

OIL CON. DIV.
DIST. 2

I hereby certify that the foregoing is true and correct

Signature _____ Title V.P. Date 6-12-95

Leave space for Federal or State office use)

Approved by _____ Title _____ Date _____

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