Submit 3 Copies to 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

Form C-103
Revised 1-1-89

WELL API NO. 21623

5. Indicate Type of Lease STATE ☑ 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

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator: Pronghorn Mgt. Corp.

8. Well No. 7

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

9. Pool name or Wildcat: Red Lake Queen Grayburg-S-A

4. Well Location

Unit Letter M : 300 Feet From The South Line and 455 Feet From The West Line

Section 36 Township 17S Range 27E NMPM Eddy County

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

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	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: SEE below	☐			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.

WELL IS Currently producing No work to be performed.

JAN 1998
RECEIVED
OCD - ARTESIA

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

SIGNATURE Guy A. Baber TITLE Owner DATE 1-14-98

TYPE OR PRINT NAME Guy A. Baber 505-393 TELEPHONE NO. 5285

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____