June 1990) DEPARTMEN	TED STATES NT OF THE INTERIOR LAND MANAGEMENT AND REPORTS ON WELLS APR 9.7.10	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
* c3 /2	AND REPORTS ON WELLS	
Do not use; this form for proposals to de	rill or to deepen or reentry to a different face. R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well Gas Temporarily abandoned 2. Name of Operator Premier Production Company		8. Well Name and No. DH Park A Tr. 1
		9. API Well No.
Address and Telephone No. P.O. Box 1246, Artest	ia, NM 88210 - (505)748-209	3 # 3 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NW/4-NW/4 Section 22 - T17S-R30E Unit D 330' FNL & 330' FWL Section 22		Grayburg Jackson 11. County or Parish, State
Unit D 330' FNL & 330	J' FWL Section 22	Eddy County, NM
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, I	REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF A	CTION
Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
		Water Stidt-Off
	Altering Casing Other Other	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 give subsurface locations and measured and true vert It is our intention to well and restore it to	Altering Casing Other Other In pertinent details, and give pertinent dates, including estimated date ical depths for all markers and zones pertinent to this work.)* To run tubing, pump and rods	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (orm.) of starting any proposed work. If well is directionally drilled
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