UNITED STATES

CHENT OF THE INTERIOR 1

FORM APPROVED

Form 3160-5 (August 1999)

(August 1999)	DEPARTMENT OF THE INTERIOR		11/9 8 Da	OMB No. 1004-0135 Expires November 30, 2000	
	BUREAU OF LAND MANAC	SELCENTE SE A	1. Jan 18 83	5. Lease Seria	
SUNDI	RY NOTICES AND REPOR	RTS ON WELLS $^{\prime\prime}$		LC-03184	
OO NOLUSE INIS IORM TOR DROODSAIS TO ORIH OF TO RE-ENTER AN				6. If Indian, Allottee or Tribe Name	
abandoned w	vell. Use Form 3160-3 (APD)	for such proposals	·	o. It moran, 7	motion of Thom Name
SUBMIT IN TI	RIPLICATE - Other instru	ctions on reverse	side	7. If Unit or C	CA/Agreement, Name and/or No.
1. Type of Well			33587885	1	
🔲 Oil Well 🔲 Gas Well	MOther SWD Well			8. Well Name	e and No.
2. Name of Operator				FREN OI	L CO #21
PREMIER OIL & GAS	inc.	,		o API Well I	
3a. Address		3b. Phone No. (include	01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	\$ 30-015-	
	tesia, NM 88211-1240		D. ARTESIA	<b>-1</b> 17	Pool, or Exploratory Area
4. Location of Well (rootage, Se	c., T., R., M., or Survey Description)		NICE OF	Wolfcam	
560 PCT 1600 PWT	, Section 19 T-17S R	Ole inter N	, 3h)	11. County or	Parish, State
200 t27 1030 tMP	, Section 19 1-175 R	-SIE ONII M ()		Eddy Cor	unty, NM
12 CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUE	F OF NOTICE R	EPORT OR (	THER DATA
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION	TYPE OF ACTION				
	☐ Acidize	Deepen	Production (Star	rt/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Construction	☐ Recomplete		Other
_ , ,	Change Plans	Plug and Abandon	Temporarily At	andon	
Final Abandonment Notice	Convert to Injection	Plug Back	■ Water Disposal		
testing has been completed. I determined that the site is read Following is the 03/04/02:  Our Wolfcamp	avolved operations. If the operation Final Abandonment Notices shall be y for final inspection.)  additional informat completion attempt ys, 02/19/02 & 02/20	ion you reques  proved to be a	ements, including recl ted on our St failure. As	amation, have bee undry Noti fter swabb	en completed, and the operator has ce, dated ving several
We would like the Strawn and A	e to hold this wellb toka.	TIA Approved		nith Period	completions in
14. I hereby certify that the foregon Name (Printed/Typed)  Rosalie Jones	oing is true and correct	Title	President		
			LEGIOCIL		
Signature & Balia		Date	04/24/02		
	/ THIS SPACE FO	OR FEDERAL OR ST	ATE OFFICE USE	:	
	G. SGDA JOE G. LAR		le <b>Petrologym I</b>	Date	: 45/02
conditions of approval, if any, arcertify that the applicant holds lewhich would entitle the applicant to	e attached. Approval of this notice galor equitable title to those rights occupant operations thereon.	does not warrant or in the subject lease	fice (FO		,

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.