Form 3160-5 (November 1994)

## U' .. ED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

5. Lease Serial No.

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.  SUBMIT IN TRIPLICATE - Other instructions on reverse side |                                    |                                 |                        |                | NM-0467930   |                                     |                                      |
|--|------------------------------------|---------------------------------|------------------------|----------------|--|-------------------------------------|--------------------------------------|
|  |                                    |                                 |                        |                | If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No. |                                     |                                      |
|  |                                    |                                 |                        |                |  |                                     | 1. Type of Well  2 Oil Well Gas Well |
| 2. Name of Operator  |                                    |                                 |                        |                | 8. Well Name and No. PARKE "A" FEDERAL #12                                     |                                     |                                      |
| PREMIER OIL AND GAS, INC.  3a. Address  3b. Phone No. (include sees and a)   |                                    |                                 |                        |                | 9. API W   | 9. API Well No. 31-115-31430        |                                      |
| P.O. BOX 1246, ARTESIA, NM 88210 (505) 748-2093  |                                    |                                 |                        |                | 10. Field a  | and Pool, or Exploratory Area       |                                      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |                                    |                                 |                        |                |  | CO HILLS PADDOCK y or Parish, State |                                      |
| 2310 FSL 990 FEL, SEC. 22-T17S-R30E UNIT L   |                                    |                                 |                        |                |  | DY CO., NM                          |                                      |
| 12. CHECK AF   | PROPRIATE BOX(ES) T                | O INDICAT                       | E NATURE (             | OF NOTICE,     | REPORT, O  | OR OTHER DATA                       |                                      |
| TYPE OF SUBMISSION TYPE OF ACTION  |                                    |                                 |                        |                |  |                                     |                                      |
| Notice of Intent   | Acidize Alter Casing               | Deepen Fracture                 | Treat                  | Production (Si | rt/Resume)   |                                     |                                      |
| Subsequent Report  | Casing Repair                      | New Con                         |                        |                |  | Other CHANGE WELL                   |                                      |
| Final Abandonment Notice   | Change Plans Convert to Injection  | Plug and Plug Back              | _                      |                |  | NAME                                |                                      |
| СН   | ANGE NAME OF WELL                  | 7,7                             | e "A" fed<br>e "A" fed |                |  |                                     |                                      |
|  |                                    |                                 |                        |                |  |                                     |                                      |
| 14. I hereby certify that the foregoin Name (Printed/Typed)  | ng is true and correct             | -                               | Title                  |                |  |                                     |                                      |
| ROSALIE JONES  |                                    |                                 |                        | IDENT          |  |                                     |                                      |
| Signature<br>Knalie  | ne                                 |                                 | Date 8/26              | /98            |  |                                     |                                      |
|  | THIS SPACE                         | FOR FEDER                       | AL OR STAT             | E OFFICE US    | SE .   |                                     |                                      |
| Approved by  |                                    |                                 | Title                  |                |  | Date                                |                                      |
| Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to   | d or equitable title to those righ | ce does not wants in the subjec | rant or Office t lease |                | 1  |                                     |                                      |