

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

dsf

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NM-0467930
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation

**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**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator  
PREMIER OIL AND GAS INC
3. Address and Telephone No.  
P.O. BOX 1246, ARTESIA, NM 88210 505-748-2093
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650 FSL 430 FWL, SEC. 22-T17S-R30E UNIT L

8. Well Name and No.  
DALE H PARKE A TR 1 #16
9. API Well No.  
30-015-31457
10. Field and Pool, or Exploratory Area  
LOCO HILLS PADDOCK
11. County or Parish, State  
EDDY CO., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

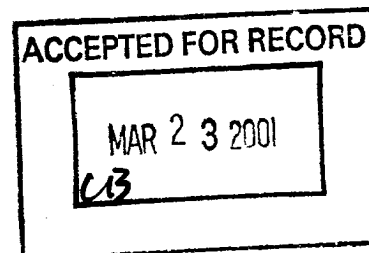
- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other SPUD, CMT CSG

- ☐ 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.)

13. 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.)\*

SPUD WELL @ 12:00 P.M. 3/24/01. RAN 9 JTS 13 3/8" 48# CSG TO 380', CMTD W/ 400 SX PREM PLUS, PLUG DOWN @ 1:30 AM 3/25/01, DID NOT CIRC, READY MIX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



14. I hereby certify that the foregoing is true and correct

Signed *Robin Cocker*  
(This space for Federal or State office use)

Title AGENT

Date 03/26/01

Approved by  
Conditions of approval, if any:

Title

Date

RECEIVED  
MAR 9 1981  
2114  
1001-11-11