Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No. LC-029020C

6. If Indian, Allottee or Tribe Name

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

7. If Unit or CA, Agreement Designation

1. Type of Well

X Oil Well

Gas

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)

1070 FSL 280 FEL, SEC. 15-T17S-R30E UNIT P

8. Well Name and No.

DALE H PARKE C FED #11

9. API Well No.

30-015-31076

10. Field and Pool, or Exploratory Area LOCO HILLS PADDOCK

11. County or Parish, State

EDDY CO., NM

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

TYPE OF SUBMISSION

Final Abandonment Notice

Notice of Intent

Subsequent Report

Abandonment

Recompletion

Plugging Back

Casing Repair

Altering Casing

X Other EXTEND A.P.D.

TYPE OF ACTION

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 pertinet 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 markders and zones pertinent to this work.)*

WE REQUEST A ONE YEAR EXTENSION FOR THE A.P.D. ON THE ABOVE STATED WELL

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

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. L

Title AGENT

Date

Approved by Conditions of approval, if any:

Patroleum Engine

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