

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Cons. Division
811 S. 1st Street
Artesia, NM 88210-2854

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

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-029020C
2. Name of Operator PREMIER OIL & GAS, INC	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 1246, ARTESIA, NM 88210 505-748-2093	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 495 FNL 990 FWL, SEC. 23-T17S-R30E UNIT D	8. Well Name and No. DALE H PARKE C #12
	9. API Well No. 30-015-31099
	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

TYPE OF ACTION

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

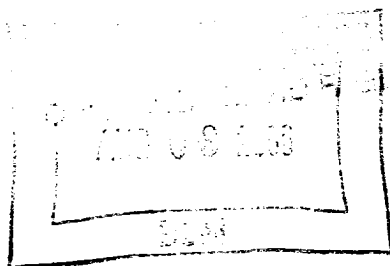
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SPUD, CMT CSG

- ☐ 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 @ 9:00 P.M. 7/26/00. DRILL 17 1/2" HOLE TO 450', RAN 10 JTS 13 3/8" J-55 48# CSG TO 443', CMTD W/ 450 SX PP, PLUG DOWN @ 2:00 P.M. 7/27/00, READY MIX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



RECEIVED
OCD - ARTESIA

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

Signed Robin Cochran Title AGENT

Date 07/31/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

