

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
3. Lease Designation and Serial No.
LC-029020C

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.

PO BOX 1246 ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990 FNL 330 FWL, SEC. 23-T17S-R30E UNIT D

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

8. Well Name and No.

DALE H PARKE "C" FED #14

9. API Well No.

30-015-31156

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 TD, CMT CSG

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

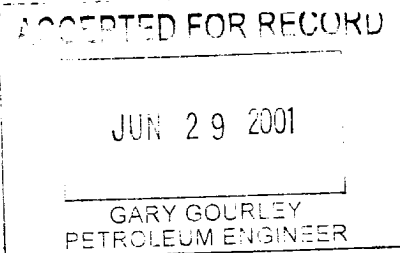
Conversion to Injection

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.)

TD WELL @ 2:15 AM 6/20/01. DRLD 7 7/8" HOLE TO 5150", RAN 122 JTS 5 1/2" 17# CSG TO 5138', CMTD W/ 800 SX P+, TAIL IN W/ 50 SX P+, PUMPED 50 SX P+ DOWN BACKSIDE FOR CAP, PLUG DOWN @ 3:15 PM ON 6/21/01, CIRC 60 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES-HELD OK.



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

Signed

(This space for Federal or State office use)

Title AGENT

Date 06/25/01

Approved by

Conditions of approval, if any:

Title

Date

