

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. F-1-Dist. 2

1301 W. Granada Avenue

Artesia, NM 88210

FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

C/S F

## SUNDRY NOTICES AND REPORTS ON WELLS

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

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

## 2. Name of Operator

PREMIER OIL &amp; GAS, INC.

## 3a. Address

PO BOX 1246, ARTESIA, NM 88211-1246

## 3b. Phone No. (include area code)

(505) 748-2093

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

330 FSL 400 FWL, SEC. 15-T17S-R30E, UNIT M

File Serial No.

NM-0384575

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA/Agreement, Name and/or No.

## 8. Well Name and No.

DALE H. PARKE "B" TR B #10

## 9. API Well No.

30-015-31200

## 10. Field and Pool, or Exploratory Area

LOCO HILLS PADDOCK

## 11. County or Parish, State

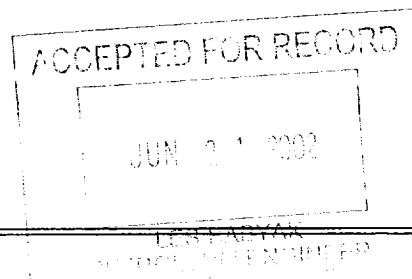
EDDY CO., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>TD, CMT CSG</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TD WELL @ 1:30 AM ON 6/13/02, DRLD 7 7/8" HOLE TO 4996', RAN 116 JTS (4979')  
5 1/2" 17# J55 CSG TO 4996', CMTD 1ST STG W/ 300 SX SUPER H, PLUG DOWN @  
10:15 PM ON 6/13/02, CIRC 85 SX TO PIT. CMTD 2ND STG W/ 500 SX H/L, TAILED  
IN W/ 100 SX P+, PLUG DOWN @ 6:00 AM ON 6/14/02, CIRC 60 SX TO PIT. WOC  
18 HRS, TESTED CSG TO 1500# FOR 30 MIN - HELD OK.



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

DIANA J. CANNON

Title AGENT

Signature

Date JUNE 15, 2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT  
HOSPITAL OFFICE

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