Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office District I	_nergy, Minerals and Natural Resources			Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015- <del>12302</del> &	2302
District III	1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87410 Santa Fe, NM 87505		STATE [	
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & G	as Lease No.	
87505				
	ES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA"	TION FOR PERMIT" (FORM C-101) F	OR SUCH		
PROPOSALS.)				
1. Type of Well:		<b>A</b> ************************************	Connie "C" State	
	Other	<b>T</b>		
2. Name of Operator		烟(3: 5)	8. Well No.	17
Prairie Sun, Inc.  3. Address of Operator		ECEIVED	9. Pool name or V	17 Vildeet
1	M 88202-8280	ARTESIA	Outpost Dela	
4. Well Location	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ZOIA X	Outpost Bela	ivaic
Unit Letter D : 660 feet from the North line and 660 feet from the West line				
		·		
Section 25	Township 19S	Range 25 28	NMPM Ede	dy County
	10. Elevation (Show whether D	R, RKB, RT, GR, etc.	)	
11 Chaok An	proprieta Day to Indicate N	latura of Nation I	Compart on Other	Dete
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
				-
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND
<u> </u>	_			ABANDONMENT
	MULTIPLE	CASING TEST AN	D 🗆	
	COMPLETION	CEMENT JOB		
OTHER: Change Operator, put ba	nck in prod	OTHER:		
12. Describe proposed or completed of	pperations. (Clearly state all pert	inent details, and giv	e pertinent dates, in	ncluding estimated date of
starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or				
recompilation.				
The shows well was remained on 2/5/01. Well was pleased healt in market in an 2.0.01 well in 10.111. '1				
The above well was repaired on 2/5/01. Well was placed back in production on 2-8-01 making 10 bbls oil per day.				
The C104 forms have already been submitted for approval.				
The second secon				
This form is to notify you of change of	operator from Dorothy Boyce to	Prairie Sun, Inc. Th	nis was effective on	10-1-2000. Prairie Sun,
Inc. has blanket bond in place.				
2				
	2			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
$\mathcal{M}_{M}}}}}}}}}}$				
SIGNATURE / /	TITLE_	_Agent		DATE_3-18-01
Type or print name Gene Lee			Telephone	No. 505-622-7355
(This areas for State	000	4	<b>A</b>	
(This space for State use)	<del>'W')                                   </del>	A -A //	<del>/}</del>	
APPPROVED BY	TITLE	July X	40 6	DATE //-/5-01
Conditions of approval, if any:	THILE_		Y -	DATE // /O TI
			₹	