

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.'s. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Bureau No. 1004-0135
Expires: 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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 30062
2. Name of Operator Pronghorn Management Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 1772 Hobbs, NM 88241 505-303-9176	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FNL & 660' FEL S30-T20S-R24E	8. Well Name and No. Longbox #1
	9. API Well No. 30-015-22624
	10. Field and Pool, or Exploratory Area Tres Hombres Atoka
	11. County or Parish, State Eddy

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)

1. Move in and rig up.. Install B.O.P. 1/15/01
2. POOH w/tbg. and seal assembly
3. Rig up wireline. Set C.I.B.P. @ 8385' Cap w/ 35' cement
4. Perforate Strawn @ 8088' - 8096' w/4JSPF (ORIG. SGD.) GARY GOURLEY
5. TIH w/ 2 3/8" tbg & Arrow packer. Set @7998'
6. Take off B.O.P. Flange up wellhead
7. Swab test well. Small show of gas.
8. Prepare to acidize and evaluate well

ACCEPTED FOR RECORD

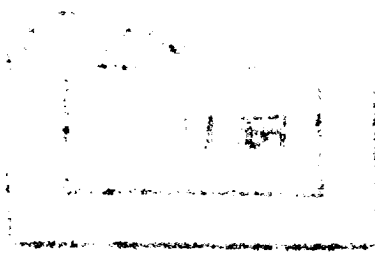
FEB 16 2001

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

Signed [Signature] Title Partner Date 2/5/01

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:



RECEIVED

FEB 08 '01

**BLM
ROSWELL, NM**