Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103.
Revised March 25, 1999

| WELL API NO. 28197 30- 025 -07644 |
| 5. Indicate Type of Lease STATE ☐ FEE ☒ |
| 6. State Oil & Gas Lease No. |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
Oil Well ☒   Gas Well ☐   Other

2. Name of Operator
PRONGHORN MGt. CORP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location

Unit Letter K : 2310 feet from the South line and 2317 feet from the West line

Section 6   Township 19 S   Range 38 E   NMPM Lea County

7. Lease Name or Unit Agreement Name:

Fowler "B"

8. Well No.
1

9. Pool name or Wildcat
Hobbs (G-5A)

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐   MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. POOH with production equipment.
3. Clean out well to total depth.
4. TIH with production equipment.
5. Return well to production.

OCT RECEIVED Hobbs OCD
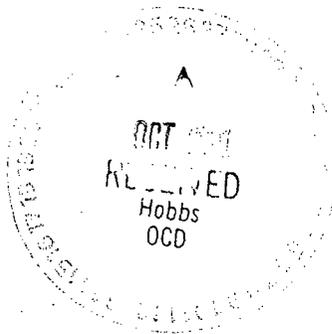
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Partner   DATE 10/23/01

Type or print name Guy A. Buber   Telephone No. 505-393-8986

(This space for State use)

APPPROVED BY _____   DATE OCT 26 2001

Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
TITLE NATURAL SCIENCE MANAGER - 2

BEFORE EXAMINER

OIL CONSERVATION DIVISION

OCD EXHIBIT NO. 8

12799-A