

mit 3 Copies To Appropriate District  
ice  
istrict I  
5 N. French Dr., Hobbs, NM 87240  
istrict II  
South First, Artesia, NM 87210  
istrict III  
0 Rio Brazos Rd., Aztec, NM 87410  
istrict IV  
0 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103...  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.  
30-025-28659

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
V-732-2

7. Lease Name or Unit Agreement Name:  
N.M. State O.L.

8. Well No.  
6

9. Pool name or Wildcat  
Cruz Delaware

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.)

Type of Well:  
Oil Well  Gas Well  Other

Name of Operator  
PRONGHORN MGT. CORP.

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

Well Location

Unit Letter P : 660 feet from the South line and 660 feet from the East line

Section 18 Township 23S Range 33E NMPM LCA County

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

WELL OR ALTER CASING  MULTIPLE COMPLETION

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING

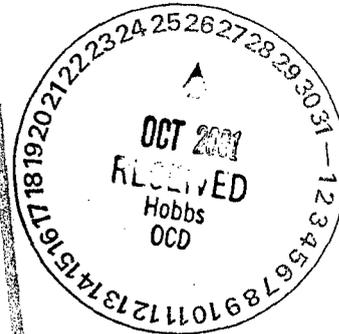
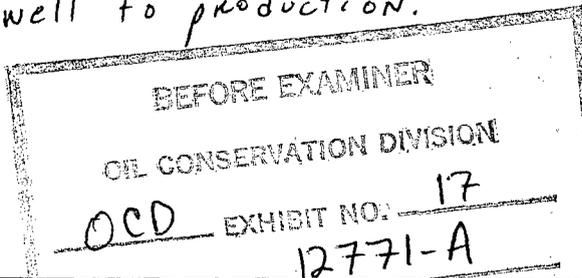
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT

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. Return well to production.



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

SIGNATURE [Signature] TITLE Partner DATE 10/25/01

Type or print name GARY W. WINK Telephone No. 505-393-8386

(This space for State use) APPROVED BY NATURAL SCIENCE MANAGER-2 TITLE \_\_\_\_\_ DATE OCT 25 2001

Conditions of approval, if any:

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