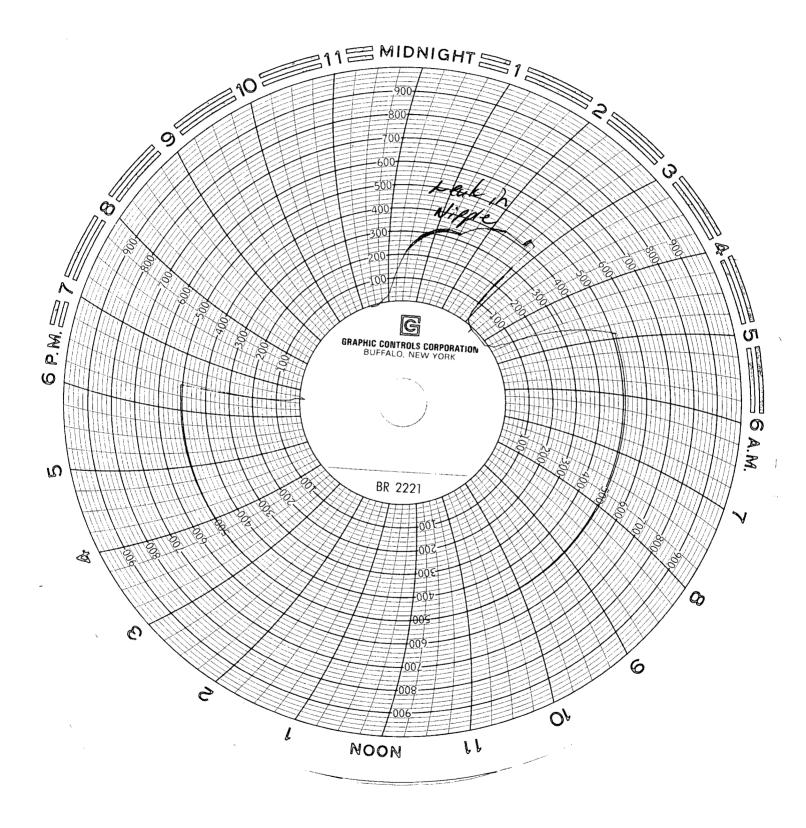
Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDIVATION DIVISION		30-015-21758
1301 W. Grand Ave., Artesia, NM 88210 District III	ve., Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			K06527
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE"		PLUG BACK TO A	7. Lease Name or Unit Agreement Name Eddy FV State
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well		RECEIVED	#1
2. Name of Operator Fremier Oil & Gas, I		APR 1 8 2006	9. OGRID Number 017985
3. Address of Operator P.O. Box 1246, Artes		CU-ANTESIA	10. Pool name or Wildcat Penion Bone Spring East
4. Well Location			
Unit Letter H: 1980 feet from the North line and 990 feet from the East line			
Section 15 Township 20S Range 27E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check A	Appropriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF IN PERFORM REMEDIAL WORK	TENTION TO: PLUG AND ABANDON	SUB REMEDIAL WOR	SEQUENT REPORT OF:
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	<u> </u>
OTHER:		OTHER: Test	for TA Status
13. 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 recompletion. Premier 0il & Gas notified 0CD 24 hours prior to conducting the mechanical integrity			
test. Attached is the MIT. The well was pressure tested to 500 psi for 30 minutes.			
			Temporary Aberdened Seize approved
			4.5.09
152 /AIN 2000	WELL IN REEF		Laborate and Control of the Control
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Kazali	e Jones TITLE	President	DATE 04/17/06
Type or print name Rosalie	Jones - E-mail	address:	Telephone No505-748-2093
(This space for State use)	710		1000phone 110000 7 10 2000
APPPROVED BY	TITLE		DATE APR 1 8 2006
Conditions of approval, if any:			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



Premier V St. Comm. 4/ Eddy # 30-015-21758 APX 4-5-06 Tested

Net Comments