

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

C19F
AP

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

Oil Well Gas Well Other

2. Name of Operator

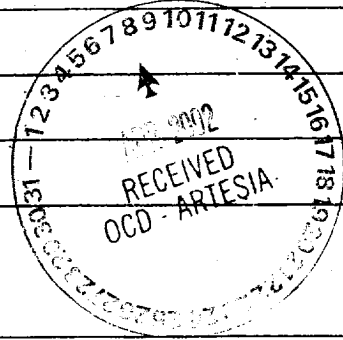
Pronghorn Mgt. Corp.

3. Address and Telephone No.

P.O. Box 1772 Hobbs, N.M. 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

"F" Section 18 T175R28E



5. Lease Designation and Serial No.

NM LC 045818A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hastic Federal #8

9. API Well No.

30-015-01424

10. Field and Pool, or Exploratory Area

Empire Yates Rivers

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other

Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

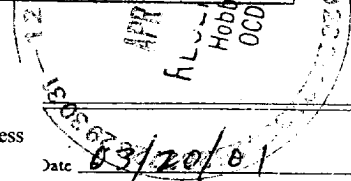
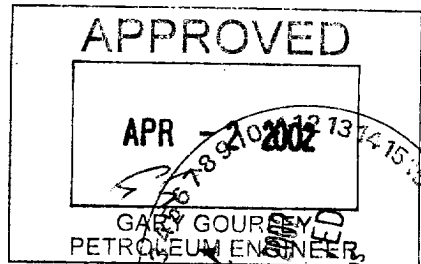
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Move in and rig up. 60' of cement must be placed on back
2. POOH with tubing. Side of 7" csg. 0'-60'
3. Plug well with ready mix concrete from T.D. to surface.
4. Install day hole marker,
5. Clean location.

APPROVED FOR 3 MONTH PERIOD

ENDING 6/20/02

original approval 3/20/02



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

Signed [Signature] Title [Signature]

(This space for Federal or State office use)

Approved by [Signature] Title _____

If ready mix is used, a minimum of 47 cu ft must be used. Fluid level must be monitored for 30 min. If fluid falls TOC must be obtained and csg. filled. If less is used in csg. information on where the cement is must be provided to OCD for evaluation or the plug drilled out and reset.

Date 6/20/02

Date _____

Will [Signature]

APR 10 2002