

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

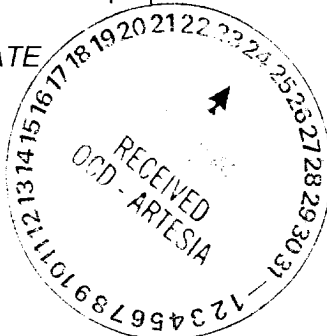
N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
NM-0467930

**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  
PREMIER OIL AND GAS INC
3. Address and Telephone No.  
P.O. BOX 1246, ARTESIA, NM 88210 505-748-2093
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650 FSL 430 FWL, SEC. 22-T17S-R30E UNIT L



6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.  
DALE H PARKE A TR 1 #16
9. API Well No.  
30-015-~~51467~~ 30457
10. Field and Pool, or Exploratory Area  
LOCO HILLS PADDOCK
11. County or Parish, State

EDDY CO., NM

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

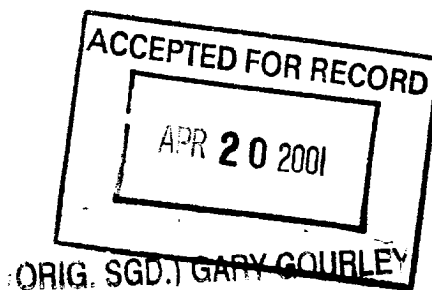
- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- ☒ Other TD, CMT CSG

- 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.)\*

TD WELL @ 3:30 A.M. 4/7/01. DRLD 7 7/8" HOLE TO 5170', RAN 121 JTS 5 1/2" J-55 17# CSG TO 5153', CMTD W/ 750 SX PREM PLUS 1% ZONE SEAL, CIRC 150 SX TO SURF, PUMPED 50 SX CMT CAP DOWN BACKSIDE, PLUG DOWN @ 3:15 A.M. 4/8/01, CIRC 95 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



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

Signed

*Robin Cockrum*

Title AGENT

Date 04/18/01

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

