Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 March 4, 2004
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-32362	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Azzec, NM 87410			STATE 🗓	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas I	ease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	nit Agreement Name
(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.)			NM STATE BZ NCT 5	
1. Type of Well: Oil Well			8. Well Number 5.	
2. Name of Operator PRONGHORN MANAGEMENT CORPORATION			9. OGRID Number 122811	
3. Address of Operator			10. Pool name or Wildcat San Simon Yates, North (Assoc.	
P. O. BOX 1772  4. Well Location	Hobbs, NM 88240		San Simon 18	ates, North (Assoc.
Unit Letter D:	40feet from the NORTH	line and	750 feet from	the <u>West</u> line
Section 29	Township 21S Ra	ange 35E	NMPM	County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
Pit or Below-grade Tank Application (For	pit or below-grade tank closures, a form	C-144 must be attached	<u>n</u>	2031-123
Pit Location: UL Sect Twp				st fresh water well
Distance from nearest surface water		SectTwp	; /c	6
leet from theline and	feet from theline		/ <u>N</u>	
<b>3</b>				- 19-19- j
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK V PLUG AND ABANDON REMEDIAL WORK				TAX
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		LITERING CASING ( )
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	Α'	BANDONMENT
OTHER:	COMPLETION ÷	OTHER:	-	
	eted operations. (Clearly state all I	1	1	
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. For Multip	le Completions: Att	i give pertinent dates, tach wellbore diagram	of proposed completion
Return well to	production			
	» Production.			
I hereby certify that the information grade tank has been/will be confident and the confidence of the	abover is true and complete to the booksed according to NMOCD guidelines [	est of my knowledge , a general permit	e and belief. I further c or an (attached) alternativ	ertify that any pit or below- ve OCD-approved plan .
SIGNATURE	TITLE	PARTNER		DATE 5/17/05
Type or print name Guy A. Baber E-mail address: Telephone No.505-392-2495				
(This space for State use)				
APPPROVED BY hus	William TITLE_	West S	up. D	ATE 5/24/05
Conditions of approval, if any:		- 1/2 -	f. 1 200	
	ust be comple	udry	xuy 1, 000	o or fine
must be completedly fully 1, 2008 or fine will be assessed at heaving.				