Office Opies 10 Appropriate District	State of New M	exico		Form C-103
District I	Energy, Minerals and Nati	urai Resources	r	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Avc., Artesia, NM 88210 OIL CONSERVATION DIVISION			30 · 025 - 0	
District III 1220 South St. Francis Dr.			5. Indicate Type	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			6. State Oil & C	
1220 S. St. Francis Dr., Santa Fe, NM				
87505	C AND DEPONTE ON UTT	c	10-15€	and the second s
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.)			N.M. BZ NCT S	
1. Type of Well: Oil Well X Gas Well O	Ither		8. Well Number	r
2 Name of Operator			9. OGRID Num	har
PAONALORN Mat. Co.	RO.		9. OGRID Num	1061
2. Nathe of Operator Pronghom Mgt. Corp. 3. Address of Operator P.O. Box 1772 Hobbs, N. M. 88241 4. Well Location			10. Pool name of SAN Simon	or Wildcat Yates, Noath (Assoc
	980 feet from the Nont	·	(() ()	. Illect "
Section 29		lange 35 E	NMPM Ler	4 County
	11. Elevation (Show whether Di	R, RKB, RT, GR, etc	.)	
Pit or Below grade Tonk Application (T. 1)	t'or bolow and - 4h -2	- C 144		
Pit or Below-grade Tank Application (For pit				
Pit Location: ULSectTwp				
Distance from nearest surface water		SectTw	pRng	;
feet from theline and	feet from theline .			
•				
12 Charle Am	aramiata Dan ta Indianta N	To a Control		
NOTICE OF INTE	propriate Box to Indicate N			
PERFORM REMEDIAL WORK 🔀 F			SSEQUENT RE	
- EN ONWINCEMEDIAL WORK A	LOG AND ABANDON []	REMEDIAL WOR	RK ∐	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.□	PLUG AND
PULL OR ALTER CASING .	MULTIPLE	CASING TEST A	.ND 🖂	ABANDONMENT
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:		·~ n
13. Describe proposed or complete	d operations. (Clearly state all	pertinent details as	d give nartinant de	897077 D
of starting any proposed work) or recompletion.	. SEE RULE 1103. For Multin	le Completions: A	u give pertinent dat	rem of proposed
or recompletion.			welloofe diagi	amon brohosed combistion
1. Move in and 2. Perforate a 3. Return well	Rig up. Install	B.O.P.		_JUL 2008
1 Perforate A	Iditional Vate	es sand.	Stimulati	e Boois :
2.100,000	to anodustic	A.	_	Received Hobbs OCD
3. RETURN WELL	10 productie.	, ,		Hobbs OCD
				(Z)
hereby certify that the information abo	We is true and complete to the h			100
I hereby certify that the information abo	ve is true and complete to the be	est of my knowledg	e and belief. I furth	er certify that they was 6 bolow-
SIGNATURE Symules		^		
		Antwew		DATE 06/23/06
Type or print name G. A. B4h	en E-mail ad	ldress:		9 09 elephone No. 392-249
71:				ciepnone ro. 2 (2 D/)
This space for State use)	1 1			
APPPROVED BY (augh), h	t. h	·····		
Conditions of approval, if any:	TITLE_	epresentative i	ОДИДАЛЬ ВЕЗАП	E ATE
approval, it any:		MALITATIVE !	NOTAFF IN	
	- FIELD R	ELKERELA ILLI		