Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103	
District I	Energy, Minerals and Natural Reson			Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.			
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION			VOISION	30-075-1118Z		
District III 1220 South St. Fr. 1000 Rio Brazos Rd., Aztec, NM 87410				5. Indicate Type of Lease STATE FEE		
District IV Santa Fe, NM 8/50			7505	6. State Oil &		
1220 S. St. Francis Dr., Santa Fe, NM 87505						
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.) 1. Type of Well:				7. Lease Name or Unit Agreement Name: J. F. BLACK		
Oil Well Gas Well Other						
2. Name of Operator				8. Well No.		
PRONGHORN MGT. CORP. 3. Address of Operator				9. Pool name or Wildcat		
PO BOX 1772 Hab	D. BOX 1772 Hobbs, N.M. 505-392-2495 Il Location			Langlie Mattix Seven Rivers Queen		
4. Well Location	92, 10, 11.	210	2117	LANGILE MAI	Diens Rivers	
					· 1	
Unit Letter B :	660 feet from the	FNL	line and	180 feet fro	om the <i>FEL</i> line	
Section 2/ Township 245 Range 37E NMPM Lea County						
	10. Elevation (Show w	vhether Di	R, RKB, RT, GR, etc.)	County	
	ppropriate Box to In-	dicate N	4	_		
				SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING []	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ID 🗆	ADAMOONWEW?	
GTHER:		П	OTHER:		<u></u>	
12. Describe proposed or completed	operations (Clearly etc.)		!	o montinent dates	<u> </u>	
starting any proposed work). SE recompilation.	ERULE 1103. For Muli	tiple Com	pletions: Attach wel	llbore diagram of j	proposed completion or	
2. Set C. 1. B.	P. C. 3300'.	CAP	with 35'	cement.		
3. Perforate J	-Almut YAte	1 25 ZC	ove. Stim	ulate As	Necessary.	
4. Put well on					Received Received No. OCD CO. OCO. OCO. OCO. OCO. OCO. OCO.	
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				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	111 2006	
				-	Received &	
				15	Hopps	
				100	000	
					5282	
I hereby certify that the information a	bove is true and complet	e to the ho	est of my knowledge	and belief	\$250ZGZ \$0	
1 mass 1			_			
SIGNATURE MALLE	<u>·</u>	TITLE //	tat wen	17.11	DATE 06/27/06	
Type or print name G A B	cha.			Tolon	95 hone No. 392-2495	
(This space for State use)	rven			ı eiep	Holle No. 3/2-2 495	
	1.1.1				- m#	
APPPROVED BY Laur Conditions of approval, if any:	J.Winke	TTLE	er e		AFPANNAGER	
Conditions of approval, if any:			OC FIELD REPRES	SENTATIVE IN SIX		
			Oc Herry		JUL 1 ⁰ 2006	