

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-11182

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

J. F. BLACK

8. Well No.

3

9. Pool name or Wildcat

Langlie Mattia Seven Rivers
Queen

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:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

PRONGHORN MGT. CORP.

3. Address of Operator

P.O. BOX 1772 Hobbs, N.M. 505-392-2495

4. Well Location

Unit Letter B : 660 feet from the FNL line and 1480 feet from the FEL line

Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

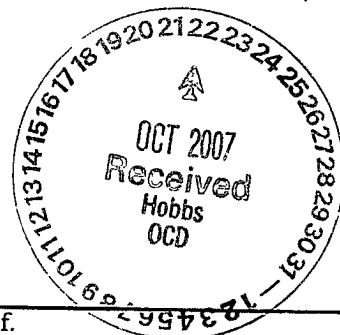
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up. Install D.C.P.
2. Set C.I.B.P. @ 3300'. Cap with 35' cement.
3. Perforate Talmat Yates zone. Stimulate as necessary.
4. Put well on production.



hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE G.A. Barber TITLE Partner

DATE 10/19/07

Type or print name G.A. Barber

Telephone No. 505 392-2495

This space for State use)

APPROVED BY

Conditions of approval, if any:

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

OCT 20 2007
DATE

DENIED

Must file a APD 4 plat for plugback - Chris Williams
10/23/07