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

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

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-11183
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: J. F. Black

1. Type of Well: Oil Well ☒ Gas Well ☐ Other
2. Name of Operator: Pronghorn Mgt. Corp.
8. Well No. 4
3. Address of Operator: P.O. Box 1772 Hobbs, N.M. 505-392-2495
9. Pool name or Wildcat: Jalmat - T-Y-SR
4. Well Location

Unit Letter F : 1980 feet from the FNL line and 1980 feet from the FWL 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:			☐	OTHER:			☐

2. 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.
2. Install production equipment.
3. Return well to production.
4. Evaluate, if uneconomical will file to pta well or convert to injection.

OCT 2007 Received Hobbs OCD

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

SIGNATURE [signature] TITLE Partner DATE 10/19/07

Type or print name G. A. Baben Telephone No. 505 392-2495

(This space for State use)

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 26 2007

Conditions of approval, if any: DENIED

Must file an APD & Plat for plugback —
Chris Williams
10/26/07