

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

MAY 22 2008

South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

March 4, 2004

RECEIVED

HOBBS OCD

WELL API NO.

30-025 28223

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-732

7. Lease Name or Unit Agreement Name

New Mexico DL State

8. Well Number

1

9. OGRID Number

122811

10. Pool name or Wildcat

Cruz Delaware

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 Management Corporation

3. Address of Operator

P. O. Box 1772 Hobbs, NM 88241

4. Well Location

Unit Letter I : 1980 feet from the South line and 660 feet from the EAST line

Section 18

Township 23S

Range 33E

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 Location: UL Sect Twp Rng Pit type Depth to Groundwater Distance from nearest fresh water well

Distance from nearest surface water Below-grade Tank Location UL Sect Twp Rng ;

feet from the line and feet from the line

12. 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: Return well to production ☒

13. 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 recompletion. Move in and rig up. POOH with production equipment.

Pressure test tubing back in hole.--Okay. TIH with pump and rods. Return well to production. Rig down remove out. Clean location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

TITLE

President

DATE 5/23/08

Type or print name G. A. BABER

E-mail address: gababer@hotmail.com Telephone No. 575-392-2495

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

DENIED