

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

Environment and Natural Resources

Form C-103

March 4, 2004

RECEIVED

OIL CONSERVATION DIVISION

APR 22 2004 20 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OGD

WELL API NO. 30-025-28680 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-731
7. Lease Name or Unit Agreement Name New Mexico St. "EF" ✓
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 L : 2310' feet from the South line and 330' feet from the West line

Section 17

Township 23 S Range 33 E

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: Well on 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. Swab well to check for fluid level.

Fluid level at 2000' from surface -- 10% oil cut. Trip in hole with rods and pump. Nipple up wellhead. Put well on production.

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

G. A. Baber

TITLE

PARTNER

DATE 04/04/08

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