

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-21949 <u>22314</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. EO7489
7. Lease Name or Unit Agreement Name STATE DK
8. Well No. 001
9. Pool name or Wildcat BAGLEY, PERMO PENN N.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator PRIME OPERATING COMPANY
3. Address of Operator 3300 N. "A", BDG. ONE, SUITE 238, MIDLAND, TX 79705
4. Well Location

Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 17 Township 11 S Range 33 E NMPM LEA County

10. Elevation (Show whether DF, 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

THIS WELL HAS COLLAPSED CASING AND WILL BE T/A'D. WE WILL PLUG THIS WELL AS SOON AS WORKING INTEREST OWNERS APPROVE AND AS SOON AS A RIG BECOMES AVAILABLE. WE AT THIS TIME REQUEST PERMISSION FOR T/A STATUS ON THIS WELL.

SPOKE W/CANDY + EARL LEVA ASKED THEM TO
SUBMIT PLANS IN 90 DAYS.

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

SIGNATURE Candy Lyle TITLE ENG. TECH/PRODUCTION DATE 9/29/00
TYPE OR PRINT NAME CANDY LYLE TELEPHONE NO. 915-682-5600

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: