

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87210

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

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103...
Revised March 25, 1999

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"/>	WELL API NO. 30-025-03524
2. Name of Operator PRONGHORN MGT. CORP.	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. Box 1772 Hobbs, N.M. 88241	6. State Oil & Gas Lease No. B-158
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 29 Township 21S Range 35E NMPM Lea County	7. Lease Name or Unit Agreement Name: N.M. State NCT 5
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	8. Well No. 4
	9. Pool name or Wildcat SAN Simon Yates, North (Assoc)

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 ☐

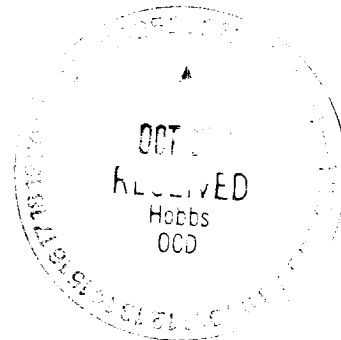
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

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 well bore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. POOH with production equipment.
3. Clean out well to total depth.
4. Acidize existing perforations.
5. Return well to production



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

SIGNATURE Guy A. Baker TITLE Partner DATE 10/25/01

Type or print name Guy A. Baker Telephone No. 505-393-8386
(This space for State use)

APPROVED BY [Signature] TITLE Manager DATE 10/25/01
Conditions of approval, if any: