Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-32362 5. Indicate Type of Lesse
		STATE X FEE
		B - 158
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
1. Type of Well: OIL GAS WELL X OTHER		NM "BZ" State NCT-5
2. Name of Operator Pronghorn Mgt. Corp.		8. Well No. 5
Pronghorn Mgt. Corp. 3. Address of Operator		9. Pool name or Wildcat
P.O. box 1772, Hobbs, NM 88241		North San Simon Yates Assoc.
4. Well Location Unit Letter D: 40 Feet From The North	Line and750	Feet From The West Line
Section 29 Township 21-S Range 35-E NMPM Lea County		
Section 29 Township 21-5 Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
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 CASING TEST AND CIEMENT JOB		
OTHER:		
OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed		
Production String: 1/11/94 Drilled 7 7/8" hole to 3963'. Ran and set 3954' 5 1/2' 15.5# J-55. Cemented with 150 Sx "C" + 4#/sk Salt + .2% Defoamer + 1/4#/sk Celloflake + 16% Gel mixed at 12.0 ppg. Tailed in with 100 Sx "C" + 1/4#/sk Celloflake mixed at 14.8 ppg. Bumped Plug. Float Head.		
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE MARK D. CLARKE	and belief. TITLE ENGINEER	DATE 2 / C / 3 5 TELEPHONE NO. 3-1050
TYPE OR PRINT NAME MARK D. CLARKE	ENGINEER	EDLEF FRONT ING
(This space for State Use) CRIGINAL SIGNED BY JERRY SEXTON		FEB 2 8 1995
DISTRICT I SUPERVISOR	TILE	DATE