

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMLC068848
2. Name of Operator PRONGHORN MANAGEMENT CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 1772 HOBBS, N.M. 88241 505-392-5516	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL + 1980' FWL S19-T23S-R33E	8. Well Name and No. MARSHALL FED. #7
	9. API Well No. 30025-25201
	10. Field and Pool, or Exploratory Area CRUZ DELAWARE
	11. County or Parish, State LEA

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other RETURN WELL TO PRODUCTION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

RETURN WELL TO PRODUCTION

RECEIVED
1997 JUN -9 A 9:32
BUREAU OF LAND MGMT.
ROSWELL OFFICE

RECEIVED
1997 JUN -4 P 2:14
BUREAU OF LAND MGMT.
HOBBS, NEW MEXICO

14. I hereby certify that the foregoing is true and correct

Signed **Alexis C. Swoboda**

Title **PRESIDENT**

Date **5/26/97**

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Title **PETROLEUM ENGINEER**

Date **JUN 09 1997**

Approved by
Conditions of approval, if any: