

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

PRINCETON MANAGEMENT CORPORATION

3. Address and Telephone No.

P.O. Box 1772 Hobbs, N.M. 88240 505-393-9176

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

*660' FSL 660' FWL
8894 - T24 S00R-32E*

5. Lease Designation and Serial No.

NM 033503

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

JENNINGS Federal #2

9. API Well No.

30-025-08149

10. Field and Pool, or Exploratory Area

Double X Delaware

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other *temporary abandon*
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

- 1. Pull out of hole with production equipment.*
- 2. Set retrievable bridge plug @ \pm 4850'*
- 3. Pressure test plug and casing*
- 4. Circulate hole with packer fluid.*
- 5. Temporary Abandon as of 12/14/98*

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

Signed *[Signature]*

Title *PARTNER*

Date *9/14/98*

(This space for Federal or State office use)

Approved by **(ORIG. SGD.) DAVID R. GLASS** Title **PETROLEUM ENGINEER**
Conditions of approval, if any

Date **SEP 29 1998**

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side



LTR



Job separation sheet

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No.	30-025-08149
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	XXX Other (Please explain) MAY 01 1994		
New Well	<input type="checkbox"/>	Change in Transporter of	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JENNINGS FEDERAL	Well No.	2	Pool Name, including Formation	DOUBLE X DELAWARE	Kind of Lease	State, Federal or Fee	Lease No.	NM-033503
Location	Unit Letter M : 882.1 Feet From The South Line and 882.1 Feet From The West Line								
Section	14	Township	24S	Range	32E	NMPM	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NAVAJO REFINING CORP.	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 159 ARTESIA, NM 88211
Name of Authorized Transporter of Casinghead Gas	GPM GAS CORPORATION	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	4044 PENBROOK ST. ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 24	Rge. 32	Is gas actually connected? When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE

Must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
	Oil - Bbls.	Water - Bbls.	Gas - MCP

Length of Test	Bbls. Condensate/MMCP	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I, the undersigned, certify that the information and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
Printed Name SHERRY WADE Title PRODUCTION CLERK
Date 3.5.94 Telephone No. (505) 392-5516

OIL CONSERVATION DIVISION

Date Approved May 01 1994

By Paul Wenzel

Title Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.