

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

WELL API NO. 30-025-26965
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1167
7. Lease Name or Unit Agreement Name Possh
8. Well No. 002
9. Pool name or Wildcat SWD: Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3278' RKB

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD-647
2. Name of Operator Prime Operating Company
3. Address of Operator 3300 N. "A", Bldg. One, Suite 238 Midland, TX 79705
4. Well Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 36 Township 24 S Range 36E NMPM Lea County

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 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: Injection Profile Survey <input checked="" 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.

1/15/97 - 1/16/97

1.) Rigged up wireline unit and ran injection profile survey from 3654' back to 3300'. Log showed all injected fluids staying within permitted interval.

2.) RD wireline.

Witnessed by Charlie and Karen (of the OCD office in Hobbs.)

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

SIGNATURE Mary C. Lyle TITLE Engineering Assistant DATE 1/20/98

TYPE OR PRINT NAME Mary C. (Candy) Lyle TELEPHONE NO. 915-682-560

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE OF CHRIS WILLIAMS
DISTRICT I SUPERVISOR

TITLE _____ DATE FEB 05 1998

CONDITIONS OF APPROVAL, IF ANY:

