

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

OCT 20 2014

WELL API NO.
30-025-10687

5. Indicate Type of Lease
STATE ☒ I

6. State Oil & Gas Lease No.
301940

7. Lease Name or Unit Agreement Name

SKELLY PENROSE B UNIT

| | |
|----------------|-----|
| 8. Well Number | 054 |
|----------------|-----|

9. OGRID Number 012444

10. Pool name or Wildcat
LANGLIE MATTIX (37240)

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 **RECEIVED** 10-1-78) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other TA'd Injection

2. Name of Operator

PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING

3. Address of Operator

P.O. BOX 928, ANDREWS, TEXAS 79714-0928

4. Well Location

Unit Letter L 980 feet from the S line and 660 feet from the W line

Section 9 Township 23 S Range 37 E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

| | | | |
|-----------------------|--------------------------|------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> | PLUG AND ABANDON | <input type="checkbox"/> |
| TEMPORARILY ABANDON | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | MULTIPLE COMPL | <input type="checkbox"/> |
| DOWNHOLE COMMINGLE | <input type="checkbox"/> | | |

6MONTH EXT

SUBSEQUENT REPORT OF:

| | | | |
|-------------------------|--------------------------|-----------------|--------------------------|
| REMEDIAL WORK | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. | <input type="checkbox"/> | P AND A | <input type="checkbox"/> |
| CASING/CEMENT JOB | <input type="checkbox"/> | | |

OTHER: Set CIBP to prepare to P & A

OTHER:

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Move in and rig up pulling unit.
2. Unset R-4 packer and pull out of hole.
3. Run 5 1/2" CIBP and set at 3457'.
4. Pull and lay down cement lined tubing.
5. Load hole and test plug to 550#

START DATE: UPON APPROVAL

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE
24 HOURS prior to running the TA Pressure Test..

Spud Date:

Rig Release Date:

SIGNATURE

TITLE PRESIDENT

DATE OCT 13,, 2014

Type or print name C. Dale Kelton

E-mail address: providenceenergy@suddenlink.net PHONE: 432-661-1364

For State Use Only

APPROVED BY:

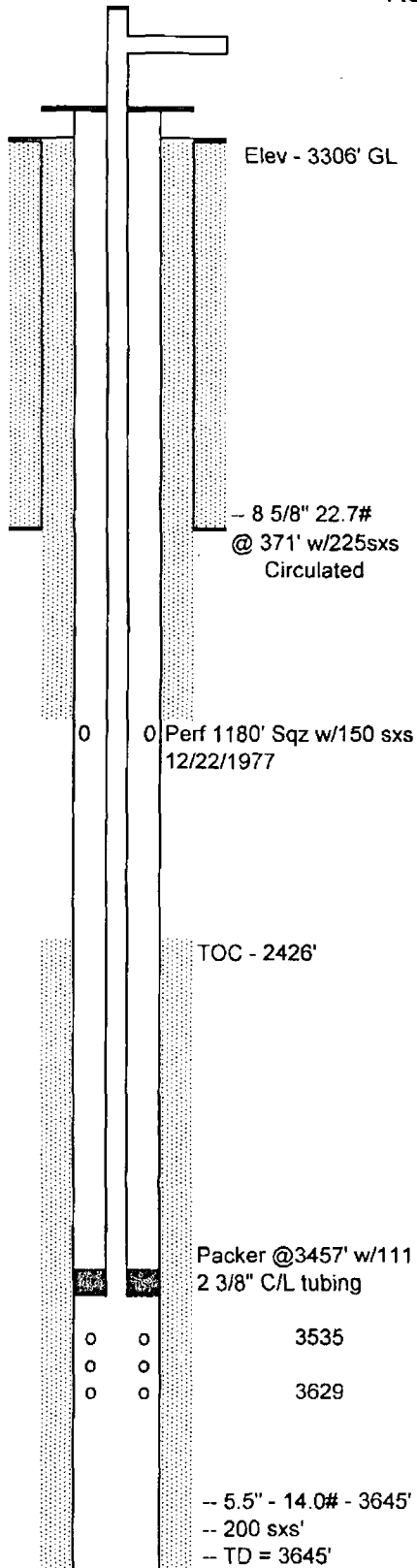
TITLE Compliance Officer

DATE 10/20/2014

Conditions of Approval (if any):

OCT ~~17~~ 2014

Kelton Operating Corporation - WELL DIAGRAM



WELL INFORMATION

WELL NAME: Skelly Penrose B Unit # 54
LEGAL LOCATION: 9-23S-37E LEA, NM

WELL HEAD TYPE: _____
WELL HEAD SIZE: _____
CASING SIZE: _____

Drilled December 1957

COMMENTS

TEMPORARILY ABANDONED INJECTOR 04/23/1997
LAST MIT TEST 10-29-2009 540# > 540#
Converted to injector 2/5/1993
Last prod. 1 BOPD 08/1968