Submit 3 Copies to Appropriate
District Office

## State of New Mexico En , 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., Aztec, NM 87410

**OIL CONSERVATION DIVISION** 

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30.025.07542 V

5. Indicate Type of Lease STATE X FEE

6. State Oil & Gas Lease No. A-1159

SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	TO A 7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL OTHER	STATE LAND SECTION 32	
2. Name of Operator PENROC OIL CORPORATION	8. Well No.	
3. Address of Operator P.O. Box 5970, HOBBS, NM 88241-59	9. Pool name or Wildcat 70 Bowers Seven Rivers	
4. Well Location Unit Letter : Feet From The SOLITH Line and	660 Feet From The EAST Line	
Section 32 Township 185 Range 38	RE NMPM (GA County	
10. Elevation (Show whether DF, RKB, RT, GR,	etc.)	
GL 3637'	<u> </u>	
11. Check Appropriate Box to Indicate Nature of Not	<del>-</del>	
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 CEMENT JOB		
OTHER: & RETURN TO PRODUCTION OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data	es, including estimated date of starting any proposed	
work) SEE RULE 1103. 11" hole, 85/8", 28" @ 300' w/125 sxs (circ.), 7"1		
wf 1000 SXS. (OCD file Show TOC @ 350') OH:	7D 3192'.	
DODOX. 4/5/93 RU workover unit. Tally & Picke	p 23/8" they. Tay OH TD.	
Clean out to 3192, if necessary Set the S	wab to test tank - if 1080MD	
or better, run rods & pump. Jet Pump ja	ick of refurn well to	
production.		

NOTE: AN IRONSULFIDE PARAFFIN TREAMENT MAY BE NECESSARY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE SKINATURE	8.25.93
TYPEOR PRINT NAME M. Y. (Merch) Merchant	(505)397-3596 TELEPHONE NO.
(This space for State Use) Signard has	

APPROVED BY-

Paul Kaulia Geologist

MAR 2 6 1993 DATE -