Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-10648
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE S
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		307841
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	SKELLY PENROSE B UNIT
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 22
2. Name of Operator	! !	9. OGRID Number 012444
	ES, INC. dba KELTON OPERATING	10. Pool name or Wildcat
3. Address of Operator P.O. BOX 928, ANDREWS, TEXA	S 79714_0928	LANGLIE MATTIX (37240)
4. Well Location		Ziri (Sizio)
Unit Letter A : _330 feet from theNORTH line and _330feet from the _EAST line		
Section 6	Township 23S Range 37E	NMPM LEA County
Section 6	11. Elevation (Show whether DR, RKB, RT, GR, etc.	· · · · · · · · · · · · · · · · · · ·
	3374 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		SEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI MULTIPLE COMPL CASING/CEMEN	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIPLE COMPL  CASING/CEMEN	1 308
DOWNINGLE COMMINACE		
OTHER: Return Well To Active Production Status		
13. Describe proposed or comple	eted operations. (Clearly state all pertinent details, an	d 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.		
RUN TA STATUS MIT		
1. Move in and Rig up Pulling Unit.		
2. Pick up bit, drill collars and work string. Drill out CIBP at 3601'.		
3. Run tubing and rods. Install pumping unit.		
4. Return well to production	on.	
NUMBER OF THOMEN TO DO I		
1) WHEN RETURNED TO PROSUCTION SUBMIT C-104 WOTH 241		
,		TE
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
500	Kv	
<u>C.</u>	,	
SIGNATURE	TITLE PRESIDENT	DATE_MARCH 20, 2019
Type or print name <u>C. Dale Kelton</u>	E-mail address: _providenceenergy@st	uddenlink.net PHONE: 432-661-1364
For State Use Only		
APPROVED BY: Kerry Forther TITLE Compliance Officer A DATE 3-22-19		
Conditions of Approval (if any):		

## Kelton Operating Corporation - WELL DIAGRAM

