

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

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

WELL API NO. 30.025.04416

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name:
L. C. Foyeano Fed. A/c 2

1. Type of Well:
 Oil Well Gas Well Other

8. Well No. 8

2. Name of Operator Penroc Oil Corporation

9. Pool name or Wildcat
Eumont Yates 7 Rivers Area

3. Address of Operator
P.O. Box 2769 Hobbs NM 88241

4. Well Location
 Unit Letter B : 660 feet from the N line and 2310 feet from the East line
 Section 35 Township 20 S Range 36 E NMPM Lea County

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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPLETION

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB

OTHER:

OTHER: Well returned to production

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was shut in for buildup. It has been returned to production. It will be recompleted in the upper 7. Rivers for gas production. when gas prices improve-



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

SIGNATURE M. Y. Merch TITLE President DATE 3/1/02

Type or print name M. Y. (Merch) Merch Telephone No. 505 397 3596

(This space for State use)

MAR 07 2002

APPROVED BY _____ DATE _____

Conditions of approval, if any:

ORIGINAL FILED BY
 GARY W. WINK
 OCC FIELD REPRESENTATIVE II/STAFF MANAGER