| Submit 1 Copy To Appropriate District State of New Mexico | Form C-103 |
|---|--|
| District I – (575) 393-6161 I625 N. French Dr., Hobbs, NM 88240 | Revised July 18, 2013 WELL API NO. |
| District II - (575) 748-1283 | 30-025-11313 |
| off S. Thist St., Filtesia, Filt 00210 | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd. Aztec, NM 87410 | STATE S FEE |
| District IV – (505) 476-3460 V 0 3 2016 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 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 | 7. Lease Name or Unit Agreement Name Langlie Jal Unit |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector | 8. Well Number 20 |
| 2. Name of Operator PENROC OIL CORPORATION | 9. OGRID Number 17213 |
| 3. Address of Operator PO BOX 2769, HOBBS, NM 88241 | 10. Pool name or Wildcat Langlie Mattix; 7 Rivers-Queen -Grayburg |
| 4. Well Location | |
| Unit Letter K : 1980 feet from the South line and 1980 feet from the West line | |
| Section 32 Township 24S Range 37E | NMPM Lea County |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc. | |
| 3249' GL | |
| 12. 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 REMEDIAL WORK ALTERING CASING PLUG AND ABANDON | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | |
| | |
| CLOSED-LOOP SYSTEM | |
| OTHER: OTHER: MIT T | |
| 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. | |
| proposed completion or recompletion. | |
| | |
| 10-19-2016. Perform MIT. Test csg to 540#. Held good. Chart attached. | |
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| Spud Date: Rig Release Date: | |
| | and the second |
| | |
| I hereby certify that the information above is true and complete to the best of my knowled | ge and belief. |
| | |
| SIGNATURE | DATE11/02/2016 |
| Type or print name _Aggie Alexiev E-mail address: _aggie@penrocoil.com PHONE: _575-492-1236 | |
| For State Use Only | |
| ADDROVED DV. Set Dans The Candia MA | DATE HILILI |
| APPROVED BY: TITLE Configure DATE 11/4/16 Conditions of Approval (if any): | |
| conditions of Approval (Inany). | |
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