Submit 1 Copy To Appropriate District Office State of New Me		Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 HOBBS OF CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210		Revised July 18, 2013 WELL API NO.
		30-025-23869
		5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 0 3 2016 Santa Fe, NM 87505		STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 71
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 LetterD _:660feet from theNorth line and510feet from theWestline		
Section 8 Township 25S Range 37E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3179' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: MIT TES	
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.		
10-19-2016. This well tested good on MIT. Test csg to 530#. Held good. Well returned to active status. Chart attached.		
Spud Date: Rig Release Date:		
Tag Release De		
I hereby certify that the information above is true and complete to the be	est of my knowledge	and belief.
b 1		
SIGNATURE TITLE Controller DATE 11/02/2016		DATE 11/02/2016
SIGNATURE TITLE COM		DATE11/02/2010
Type or print name _Aggie Alexiev E-mail address: _aggie@penrocoil.com PHONE: _575-492-1236		
For State Use Only		
APPROVED BY: 3 page Bower TITLE Compliance Officier DATE 11/8/16		
Conditions of Approval (Many):		

