Submit 1 Copy To Appropriate District State of New Mexico   Office District11 – (575) 393-6161 Energy, Minerals and Natural Resources   1625 N. French Dr., Hobbs, NM 8824 DBSDCDNSERVATION DIVISION   811 S. First St., Artesia, NM 88210 District III – (575) 748-1283   District III – (505) 334-6178 1220 South St. Francis Dr.   1000 Rio Brazos Rd., Aztec, NM 87410 APR 1 7 2017 Santa Fe, NM 87505   1220 S. St. Francis Dr., Santa Fe, NNRECENSE 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.)   1. Type of Well: Oil Well Gas Well Other SWD   2. Name of Operator Penroc Oil Corporation 3. Address of Operator   PO Box 2769, Hobbs, NM 88241 4. Well Location M8241	Form C-103   Revised July 18, 2013   WELL API NO.   30-025-12485   5. Indicate Type of Lease   STATE   FEE   6. State Oil & Gas Lease No.   7. Lease Name or Unit Agreement Name   W W Hamilton A   8. Well Number 002   9. OGRID Number 17213   10. Pool name or Wildcat   Knowles; Devonian
Unit Letter I 1980 feet from the South line and 660 feet from the East line   Section 34 Township 16S Range 38E NMPM Lea County	
11. Elevation <i>(Show whether DR, RKB, RT, GR, etc.)</i> 3710 GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PLANS   TEMPORARILY ABANDON CHANGE PLANS   PULL OR ALTER CASING   MULTIPLE COMPL   COSED-LOOP SYSTEM   OTHER:   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.   Rig up WSU, NU BOP.   Pick up MJ, SN, TA & TIH w/ 5000' of 2 7/8" L-80 tubing.   Set anchor, run plunger & 4500' of steel & FG rods.   Set PJ. Return well to production.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Lflock TITLE President DATE 04/17/2017   Type or print name M.Y. Merchant E-mail address: _mymerch@penrocoil.com PHONE: _575-492-1236	
For State Use Only 1	
APPROVED BY: Maluy John TITLE AO/II DATE 4/17/2017 Conditions of Approval (if any):	