Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-07943
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	East Hobbs San Andres Unit
1. Type of Well: Oil Well	Gas Well 🛛 Injection 🗌 Other	8. Well Number #715
Name of Operator     Penroc Oil Corporation		9. OGRID Number
3. Address of Operator		17213 10. Pool name or Wildcat
P. O. Box 2769 Hobbs, NM 88240		HOBBS; SAN ANDRES, EAST
4. Well Location		
Unit LetterN	:660feet from theSouth_	line and2103feet from the
Westline		
Section 29	Township 18S Range 39	
	11. Elevation (Show whether DR, RKB, RT, GR, et GR 3597'	tc.)
12. Check A	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
		•
NOTICE OF IN PERFORM REMEDIAL WORK □	<u> </u>	BSEQUENT REPORT OF:  ORK   ALTERING CASING
TEMPORARILY ABANDON	<u>=</u>	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	<del>_</del>
DOWNHOLE COMMINGLE		005
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER:	MIT TESTING 🔯
	eted operations. (Clearly state all pertinent details, a	
of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14 NMAC. For Multiple Completion.	ompletions: Attach wellbore diagram of
Penroc Oil Corporation, is respectful	ly submitting the attached MIT test results for the ref	ferenced well.
Test Date: 6-1-2020		HOBBS OCD
Result: Pass		JUN 0 ? 2020
		RECEIVED
		NEO-
Spud Date:	Rig Release Date:	}
I hereby certify that the information a	bove is true and complete to the best of my knowled	ge and belief.
SIGNATURE A STATE OF THE SIGNATURE	TITLE President	DATE6-2-2020
Type or print nameM.Y. Merch For State Use Only	ant_mail address:mymerch@penrocoil.com	PHONE:575-492-1236
	1.6	A- 1226
APPROVED BY: Conditions of Approval (if any):	fat TITLE C O	H DATE 6-2-26

