

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b>          (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.)</p> <p>1. Type of Well: <b>Oil Well</b> <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator  <b>Penroc Oil Corporation</b></p> <p>3. Address of Operator  <b>PO BOX 2769, Hobbs, New Mexico 88241-2769 USA</b></p> <p>4. Well Location          Unit Letter <b>L</b>      <b>1560</b> feet from the <b>SOUTH</b> line and <b>80</b> feet from the <b>WEST</b> line          Section <b>02</b>      Township <b>18S</b>      Range <b>29E</b>      NMPM      County <b>EDDY</b></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>	<p>WELL API NO.  <b>30-015-40525</b></p> <p>5. Indicate Type of Lease  <b>STATE</b> <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name  <b>W. Loco Hills G4S Unit</b></p> <p>8. Well Number #55</p> <p>9. OGRID Number <b>17213</b></p> <p>10. Pool name or Wildcat  <b>Loco Hills Q-G-SA</b></p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p><b>PERFORM REMEDIAL WORK</b> <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>          DOWNHOLE COMMINGLE <input type="checkbox"/>          CLOSED-LOOP SYSTEM <input type="checkbox"/>          OTHER: Return TA'd well back to production.</p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>
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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.

This notice is to inform that the operator intends drill out cement and CIBP, return well to production. Estimated start date: 4/4/2017. Below is a step list of work to be performed:

- 1) Clean location and test anchors.
- 2) MIRU workover unit and NU BOP.
- 3) RIH w/ bit, drill collars, tbg and tag top of cmt at 2555' RU reverse unit, reverse pit, and swivel and drill out 20' of cement and CIBP at 2575. RIH to PBTD of 2710 to ensure hole is clean.
- 4) POOH w/ bit, RIH w/ treating pkr and set above top perf. Pump 15% HCL acid under pkr to clean up perms. POOH w/ pkr.
- 5) RIH w/ tbg, pump, and rods.
- 6) ND BOP, NU WH. Move out WO rig.
- 7) Clean location and return well to production.

Penroc Oil Corporation respectfully requests approval to return this 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 *M.Y. Merchant* TITLE **PRESIDENT** DATE **4/3/2017**  
 Type or print name **M.Y. Merchant** E-mail address: **mymerch@penrocoil.com** PHONE: **575-492-1236**

**For State Use Only**

APPROVED BY: *[Signature]* TITLE *Staff Mgr* DATE *4-7-17*  
 Conditions of Approval (if any):