Submit 3 Copies to Appropriate District Office

1. Type of Well:

OIL.

11.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL XX

	_	
WELL	API	NO.

	Indicate	Type	of	Lease
٥.	Indicator	- 7 P	~-	

STATE FEE

County

District III	DEC 04 '91	STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BEC .	6. State Oil & Gas Lease No.
	<u>ac 0.</u>	
SUNDRY NOTICES AND REPORTS ON WELLS	NOTESIA. OFF	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	S BACK TO A	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)		FH "28" State Com.

2. Name of Operator 8. Well No. Penwell Energy, Inc. 9. Pool name or Wildcat 3. Address of Operator 600 N. Marienfeld Ste. 1100, Midland, Texas 79701 Carlsbad South Morrow 4. Well Location

Unit Letter K : 1650 Feet From The West Line and 1980 Feet From The South

28 Eddy 23S 26E Township Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3346 GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB

OTHER: Move location OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

work) SEE RULE 1103.

CHANGED LOCATION PER OCD RULE CHANGE ALLOWING UNIT TO BE 1650' FROM END LINE OF 320 SPACING UNIT.

LOCATION CHANGED FROM: 1980' FSL & 1980' FWL

> TO: 1650' FWL & 1980' FSL

I hereby certify that the information above is true and complete to the best of my knowledge and belief. mue Production Analyst _ DATE _ Dec. 2, 1996 SKINATURE -TELEPHONE NO. TYPE OR PRINT NAME (This space for State Use)
OPICIMAL SIGNED BY TIM W. GUIM DISTRICT II SUPERVISOR DATE

APPROVED BY