Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIWOSSOCD	30-025-10652
1301 W. Grand Ave., Artesia, NM 88210 District III	1: 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8750 JL 1 3 2012	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM	CEIVED	307841
	AND REPORTS ON WELLS RECEIVED	7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PEUG BACK TO A	_
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		SKELLY PENROSE B UNIT 8. Well Number 024
1. Type of Well: Oil Well Gas Well Other		
2. Name of Operator PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING		9. OGRID Number 012444
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 928, ANDREWS, TEXAS 79714-0928		LANGLIE MATTIX (37240)
4. Well Location Unit Letter C		
Unit Letter G: 2117 feet from the NORTH line and 1966 feet from the EAST line Section 6 Township 23S Range 37E NMPM LEA County		
Section 6 Township 23S Range 37E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
	ANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING MU DOWNHOLE COMMINGLE	ILTIPLE COMPL CASING/CEMENT	1 JOB
DOWN TOLL COMMINGEL		
OTHER: Return Well To Active Produc		
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.		
 Move in and Rig up Pulling Unit. Pick up bit, drill collars and work string. Drill out CIBP at 3650'. 		
3. Run tubing and rods. Install pumping unit.		
4. Return well to production.	C #44	
	Conditions of Ap OCD requires the	Operator to complete a 24 hour's production test
,		n C-104 Request for Allowable before producting anied by form C-103 Subsequent report with dates
	and what was don	e, perfs producing from, along with tubing size
	and depth)
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby Certify that the information above is true and complete to the best of my knowledge and belief.		
CHONNETHING THE PROPERTY OF TH		
SIGNATURE DATE_July 10, 2012		
Type or print name <u>C. Dale Kelton</u> E-mail address: <u>providenceenergy@suddenlink.net</u> PHONE: <u>432-661-1364</u>		
For State Use Only		
APPROVED BY DATE TITLE DIST. MAR DATE 16-2012		
Conditions of Approval (if any)		

Kelton Operating Corporation - WELL DIAGRAM

