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State of New Mexico

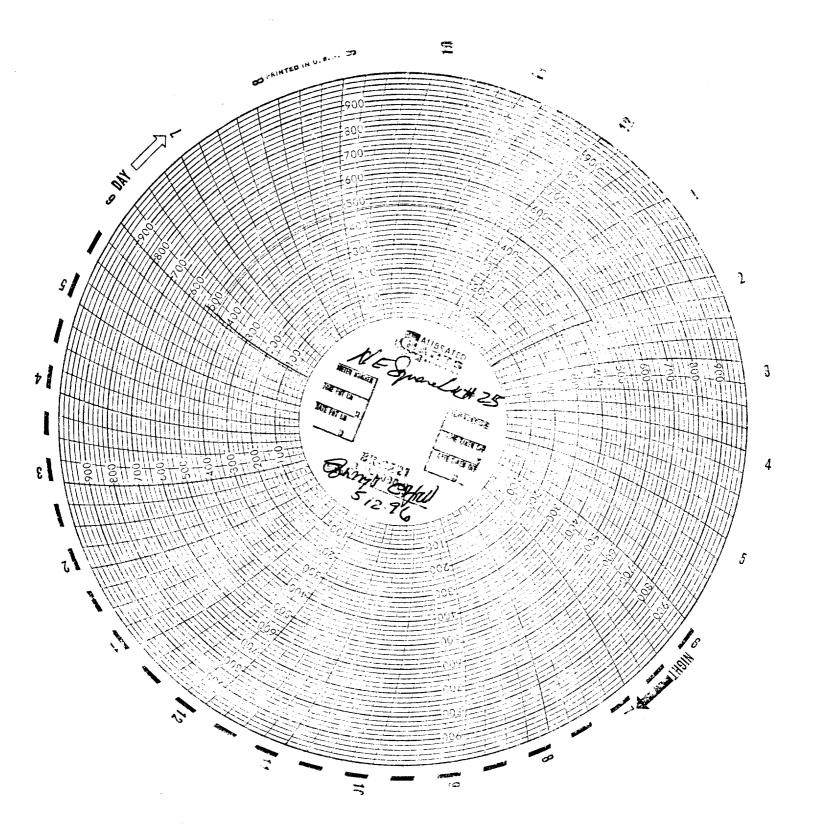
Form C-103

MAY 2 0 1996

to Appropriate Fustrict Office	Energy, Aumerals and Natural Resources Department			Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL APLNO. 30-015- 873(
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87503				
DISTRICT III			5. Indicate Type of Lease S	TATE FED FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease	No.
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.)			7. Lease Name or Unit Agreement Name NE SQUARE LAKE UNIT	
1. Type of Well:			NE. SQUARE L	AKE UNIT
WELL WELL X OTHER INJECTION WELL 2. Name of Operator				
2. Name of Operator PENROC ()IL CORPORAT			8. Well No. 25	
3. Address of Operator P. O. BOX 5970, HOBBS, NM 88241-5970 4. Well Location			9. Pool name or Wildcat NE SQUARE L	AKE
Unit Letter I : 231	O Feet From The SOUTH	Line and 990	Feet From The	FAST Line
Section 10	Township 16S	31F	MPM EDDY	
	10. Elevation (Show whether			County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
			SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERI	NG CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING		OPNS. DPLUGA	ND ABANDONMENT	
PULL OR ALTER CASING CAS		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
 Describe Proposed or Completed Operation SEE RULE 1103. 				•
RIGGED UP PULLING U WELL - PICKUP ON TU PULLED TUBING INTO PULL TUBING - FIX P TEST - RIGGED DOWN	NIT 5-12-96 - Mo PS BING - PACKER STUCK - 45 POINTS - 100 C ACKER - RAN TUBING PULLING UNIT 5-12-9	SI ON WELL - S K - WORKED UP JOINTS - FISHE - SET PACKER 96 - CLEANED L	ET 1 ANCHOR - AND DOWN AND D TUBING - SH 17 POINTS - F OCATION.	UNFLANGE TURNED TUBING EAR PACKER - LANGE WELL -
VERBAL APPROVAL FRO	M MR. RAY SMITH (A	RTESIA OCD) PE	R CONVERSATIO	N WITH MR.
STRATE RETROLDS OF	r ENROC;			
Wina F				996
1 . J. 187.118	. •			15 18 2 <i>0</i> 3 18 2 0 0
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE PRESIDENT PARE MAY 13, 1996				
SIGNATURE M V M	7 m	E I VESTDENI	DATE	May 13, 1996
TYPE OR PRINT NAME M. Y. MEI	RCHANT		TELEPHONE NO. 505-	-397-3596
(This space for State Use)				

CONDITIONS OF AFPROVAL, IF ANY:

SUPERVISOR, DISTRICT II



127 1 4 1833