Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

For	m C	-103	(
Rev	ised	1-1-8	39

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87503		WELL API NO. 30-015-29524 5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		20202	STATE X FEE 6. State Oil & Gas Lease No. K-3633		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED	CES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR A -101) FOR SUCH PROPOSALS	RMIT"	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL X	отнея 125.	OCD ARTESIA	LONETREE "14" STATE COM.		
2. Name of Operator DENNIEL I EMERGY INC	020	SIA 6	7 8. Well No. 1		
PENWELL ENERGY, INC. 3. Address of Operator 600 NORTH MARIENFELD	SUITE 1100 MIDLAND,	\$	9. Pool name or Wildcat		
4. Well Location Unit Letter H : 2180	Feet From The NORTH	Line and	FEL Line		
Section 14	Township 21S R	ange 27E	EDDY County		
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INT	•• •		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEI	MENTJOB		
OTHER: Move location	<u>X</u>	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.					
1. Penwell Energy, Inc	c. requests the permiss	sion to move the	location of LONETREE "14"		
STATE COM # 1 from 1980' FNL & 660' FEL of section 14 T21S-R27E to 2180' FNL & 360' FEL					
	S-R27E.				
2. The reason for this	s request is that there	e is an archaeol	ogical site on the original		
location.			Pay In-1		
/	VEEDS,	NSL.	10-10-97		
,			Armed Fta		
I hereby certify that the information above is true			20/20/07		
SIGNATURE C	fauce_1	me Agent	DATE		
TYPE OR PRINT NAME JOE T. Jan	ica		TELEPHONE NO.505-392-2112		
(This space for State Use)	CONTROL BY THE W. GUM		OCT -2 1997.		
APPROVED BY	o was mile lived a	TILE	DATE		