## State of New Mexico energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

<u>DISTRICT |</u> P.O. Box 1980, Hobbs, NM 88240

## **OIL CONSERVATION DIVISION**

2040 Pacheco St.

CIST	)
th.	)

WELL API NO.


			tu Pacneco ∜ nta Fe, NM	<del>.</del>		30-015-29385		
DISTRICT II P.O. Drawer DD, Artesia, NM 882	210	Sai	ING I C, I HIVI	0,000		sindicate Type of Leas		
, , , , , , , , , , , , , , , , , , , ,							STATE	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410					«State Oil & Gas Leas	e No.	
		S AND REPO			•			
(DO NOT USE THIS FORM DIFFERE	NT RESERVO	SALS TO DRILL IR. USE "APPLIC 1) FOR SUCH PR	CATION FOR I	EN OR PLUG BA PERMIT"	CK TO A	Lease Name or Unit	Agreement Name "32" State Con	1
Type of Well:	46					]	02 51415 6611	•
	AS ÆLL 🔀	0	THER					
:Name of Operator Penwell Energy, Inc.						«Well No.		
sAddress of Operator						sPool name or Wildcat		
600 N. Marienfeld, Suite	1100, Midlan	d, TX 79701				Undes Dark Car	nyon-Delaware	
4Well Location			k tdt.		4650		West	
Unit Letter <u>C</u> :	660Fe	et From The	North	Line and _	1650	Feet From The	vvest	Line
Section	32	Township	23S	Range	29E	NMPM	Eddy	County
		₀Elevation	•	DF, RKB, RT, GR, e 9' GR	etc.)			
11 C	heck Appr	opriate Box t	o Indicate	Nature of No	tice, Rep	oort, or Other D	ata	
NOTICE	OF INTE	NTION TO:			SUBS	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK		PLUG AND ABA	ANDON [	REMEDIAL W	VORK		ALTERING CAS	ING
TEMPORARILY ABANDON		CHANGE PLAN	ıs [	COMMENCE	DRILLING O	PNS.	PLUG AND ANBA	ANDONMENT
PULL OR ALTER CASING				CASING TES	T AND CEME	NT JOB		
OTHER: Drilling Extension	Request			OTHER:				
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.								
Penwell Energy, Inc. here due to scheduling probler			extension on t	the approved Af	PD for the a	above mentioned w		est is made

APPROVAL VALID FOR \_\_\_\_\_\_\_
PERMIT EXPIRES /- 5- 00 UNLESS DRILLING UNDERWAY
LAST FXTFNSION

	12345678970 ↑	
1282930	RECEIVED OCD ARTESIA	12131415
78.701	W 1920212223	

CASI EXTENSIT					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Linke Walker	τιτιε Regulatory Analyst	DATE 01-05-99			
TYPE OR PRINT NAME		TELEPHONE NO.			

(This space for State Use)	Sim W. Sum BOX	District Supervisor	, 7 GC
APPROVED BY		TITLE	DATE 1-7-99

TYPE OR PRINT NAME