

Submit 3 Copies to Appropriate District Office

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30.025.21800
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. NM 434

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 STATE AK

1. Type of Well: OIL WELL [] GAS WELL [] OTHER SALT WATER DISPOSAL

8. Well No. 1

2. Name of Operator PENROC OIL CORPORATION
3. Address of Operator P.O. Box 5970, HOBBS, NM 88241

9. Pool name or Wildcat SWD; STRIPDOWN NORTH BAGLEY TERMS TENN.

4. Well Location Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 10 Township 11 S Range 33 NMPM LEA 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 INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] CHANGE PLANS [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: CONVERSION TO SWD [X]

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.
7.5.94-7.8.94: RU well service rig. Pulled & LD rods & pump. Pulled tbg. PU Watson's RBP & set same @ 9100'. Press. tested csg to 600#. Released & pulled RBP. LD production tbg.
8.13.94 Tallied & PU 300jts. of 2 7/8" J-55, Saltlined tbg w/ Nickel coated 5 1/2" x 2 3/8" Arrowset I w/ 5 1/2 x 2 3/8 stainless on-off tool & 2 3/8" x 2 7/8" Box x-over. Left pky. Swinging @ 9200'. Displace w/ pky fluid. Set pky @ 9255'. Loaded & tested backside w/ Cochran chem. pky fluid. Test OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Resident DATE 8/19/94
TYPE OR PRINT NAME M. J. (Merch) Merchant TELEPHONE NO. (505) 397-3596

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR
AUG 23 1994

CONDITIONS OF APPROVAL, IF ANY:
JZ SWD-558

[Handwritten initials]

RECEIVED

AUG 23 1951

U.S. AIR FORCE
OFFICE