

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30.025.23215
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-5605
7. Lease Name or Unit Agreement Name Holt A
8. Well Number 1
9. OGRID Number 17213
10. Pool name or Wildcat Lane Abo, Southeast

Pit or Below-grade Tank Application ☐ or Closure ☐ **used steel pit**

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water **930'**

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Penroc Oil Corporation

3. Address of Operator
P.O. Box 2769 Hobbs NM 88241-2769

4. Well Location
Unit Letter **O** : **720** feet from the **South** line and **1980** feet from the **East** line
Section **4** Township **10S** Range **34E** 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	P AND AS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	OCD <input type="checkbox"/>
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

August 10-12, 2004 : RU WSH. Released plkr. Circ. hole w/ 9.3" galled brine. Spot 25 sx. cement plug on Abo perms. 8990-9020'. W.O.C. TDH w/ plkr. TTH w/ tbg - tagged @ 8761'. POH to 6900' - set 25 sx. cement plug - W.O.C. Tag same. TDH to top of 5 1/2 @ 3940' & spotted 50 sx. cement plug. W.O.C. 4 hrs. Tagged same @ 3605'. TDH to 2200' - set 25 sx. plug. Attempted to pull 8 5/8" - not successful. Perforated 8 5/8" @ 1127'. Squeeze w/ 50 sx. W.O.C. Tagged @ 1054'. Perforated 2 holes @ 360' - Circ. cement to surface - w/ plug @ surface. Installed DTHM. Cut off anchor. Clean up location - job witnessed by Billy Richard.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Moe J. J. J. TITLE Don J. J. DATE _____

Type or print name
For State Use Only

E-mail address: mymerch@hotmail.com Telephone No. 492-1236

APPROVED BY: Lang W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of Approval (if any):

Approved as to plugging of the Well Bore
Liability under bond is retained until
surface restoration is completed.