Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II 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.		30-025-10690 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87419 Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			307841
SUNDRY NOTIONS AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH /			SKELLY PENROSE B UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 060	
2. Name of Operator PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING			9. OGRID Number 012444
3. Address of Operator P.O. BOX 928, ANDREWS, TEXAS 79714-0928		10. Pool name or Wildcat LANGLIE MATTIX (37240)	
4. Well Location			
Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line Section 9 Township 23S Range 37E NMPM LEA County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3322'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			
TEMPORARILY ABANDON			****
DOWNHOLE COMMINGLE			
OTHER: Return Well To Active Production Status			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
1. Move in and Rig up Pulling Unit.			
 Pick up bit, drill collars and work string. Drill out CIBP at 3470'. Run tubing and rods. Install pumping unit. 			
4. Return well to production.			
Conditions of Approval: OCD requires the Operator to complete a 24 hours production test			
this well Accompa			rm C-104 Request for Allowable before producting panied by form C-103 Subsequent report with dates
	!	and what was do and depth	ne, perfs producing from, along with tubing size
		T	
Spud Date:	Rig Release Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE PRESIDENT DATE July 10, 2012			
Type or print name <u>C. Dale Kelton</u> E-mail address: <u>providenceenergy@suddenlink.net</u> PHONE: <u>432-661-1364</u> For State Use Only			
APPROVED BY: TITLE DEFINED DATE 747-7017 Conditions of Approval (if any):			

Kelton Operating Corporation - WELL DIAGRAM

