

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

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-10537</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>TA'd Injection</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>Providence Energy Services, Inc. dba Kelton Operating</b>		6. State Oil & Gas Lease No. <b>307841</b>
3. Address of Operator <b>PO Box 928, Andrews, Texas 79714-0928</b>		7. Lease Name or Unit Agreement Name: <b>Skelly Penrose B Unit</b>
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>32</u> Township <u>22-S</u> Range <u>37-E</u> NMPM County <u>Lea</u>		8. Well No. <u>16</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>012444</b>
10. Pool name or Wildcat <b>Langlie Mattix (37240)</b>		
<b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> <b>or Closure</b> <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <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.

08/07/12 MIRU plugging equipment. ND wellhead. NU BOP. Dug out cellar. RIH w/ tbg and tagged CIBP @ 3540'.  
08/08/12 Circulated hole w/ mud laden fluid. Spotted 25 sx cement on top of CIBP @ 3540'. POH to 2565'. Spotted 185 sx cement per OCD. POH with tbg. WOC. RIH w/ tbg and tagged plug @ 886'. POH to 360'. Pumped 40 sx cement and circulated to surface. ND BOP. Verified cement at surface. Rigged down and Moved off.  
08/14/12 Move in welder and backhoe. Dug out cellar. Removed wellhead. Installed Above Ground Dry Hole Marker. Back filled cellar. Removed deadmen. Cleaned location and moved off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, [www.emnrd.state.nm.us/oed](http://www.emnrd.state.nm.us/oed).

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE C. Dunker TITLE PRESIDENT DATE 8-30-2012

Type or print name  
**For State Use Only**

E-mail address:

Telephone No.

APPROVED BY [Signature] TITLE DO/MA DATE 9-5-2012  
Conditions of Approval (if any):