

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

Energy, Minerals and Natural Resources

May 27, 2004

HOBBS OCD

AUG 31 2012

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

RECEIVED

WELL API NO. <b>30-025-10685</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>301940</b>
7. Lease Name or Unit Agreement Name: <b>Skelly Penrose B Unit</b>
8. Well No. <b>42</b>
9. OGRID Number <b>12444</b>
10. Pool name or Wildcat <b>Langlie Mattix (37240)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <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 _____

**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 **TA'd Injection** ☒2. Name of Operator  
**Providence Energy Services, Inc. dba Kelton Operating**3. Address of Operator  
**PO Box 928, Andrews, Texas 79714-0928**4. Well Location  
Unit Letter **D** : **660** feet from the **North** line and **660** feet from the **West** line  
Section **9** Township **23-S** Range **37-E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☒  
 CASING/CEMENT JOB ☐

OTHER: ☐

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.

08/03/12 MIRU plugging equipment.

08/06/12 ND wellhead. NU BOP. Dug out cellar. RIH w/ tbg and tagged CIBP @ 3500'. Circulated hole w/ mud laden fluid.

Spotted 40 sx cement on top of CIBP @ 3500'. POH to 2500'. Spotted 235 sx cement per OCD. POH with tbg. WOC.

08/07/12 RIH w/ tbg and tagged plug @ 1200'. Pulled 1 jt. of tbg and spotted 25 sx cement. POH and WOC. Tagged plug @ 975'. POH. Perf'd casing @ 150'. RIH w/ packer at 30'. Sqz'd 60 sx cement and circulated to surface. WOC and verified cement at surface. Rigg'd down 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.

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. Decker TITLE PRESIDENT DATE 8-30-2012

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY [Signature] TITLE DIST MGR DATE 9-5-2012

Conditions of Approval (if any):