

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.	30-025-10539
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B 3480
7. Lease Name or Unit Agreement Name	Skelly Penrose B Unit
8. Well No.	14
9. Pool name or Wildcat	Langlie Mattix 7 Rvr-Qn-Grybg
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> OTHER Injection	2. Name of Operator Smith & Marrs
3. Address of Operator c/o P.O. Box 50820, Midland, TX 79702	4. Well Location Unit Letter N 990 Feet From The South Line and 2310 Feet From The West Line Section 32 Township 22S Range 37E 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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

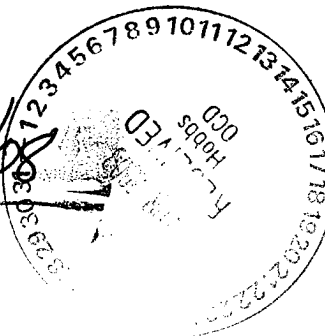
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER MIT - T/A Status ☒

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.

02-19-03: Rigged up pump truck, pressure tested casing to 550# for 30 minutes-held okay.
Chart Attached. T/A test.
TD: 3791', PBTD: 3768', Perforations: 3662' - 3784', packer @ 3547'.

This Approval of Temporary
Abandonment Expires 4/28/08



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 03-05-03

TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915-684-6381

(this space for State Use)

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 29 2003

CONDITIONS OF APPROVAL, IF ANY:

