

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.	30-025-10677
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Skelly Penrose B Unit
8. Well No.	59
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 Well	2. Name of Operator Smith & Marrs, Inc.
3. Address of Operator c/o P.O. Box 50820, Midland, TX 79702	4. Well Location Unit Letter <u>B</u> <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>Lea</u> 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: ☐

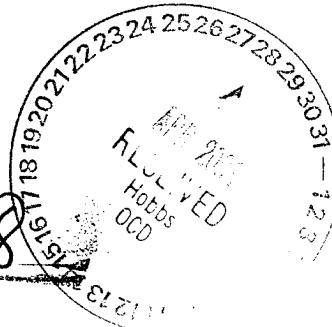
SUBSEQUENT REPORT OF:

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 540# for 30 minutes-held okay.
Chart Attached T/A test.
TD: 3635', PBTD: 3621', Perforations: 3490' - 3590', Packer: 3431'

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 04/16/03

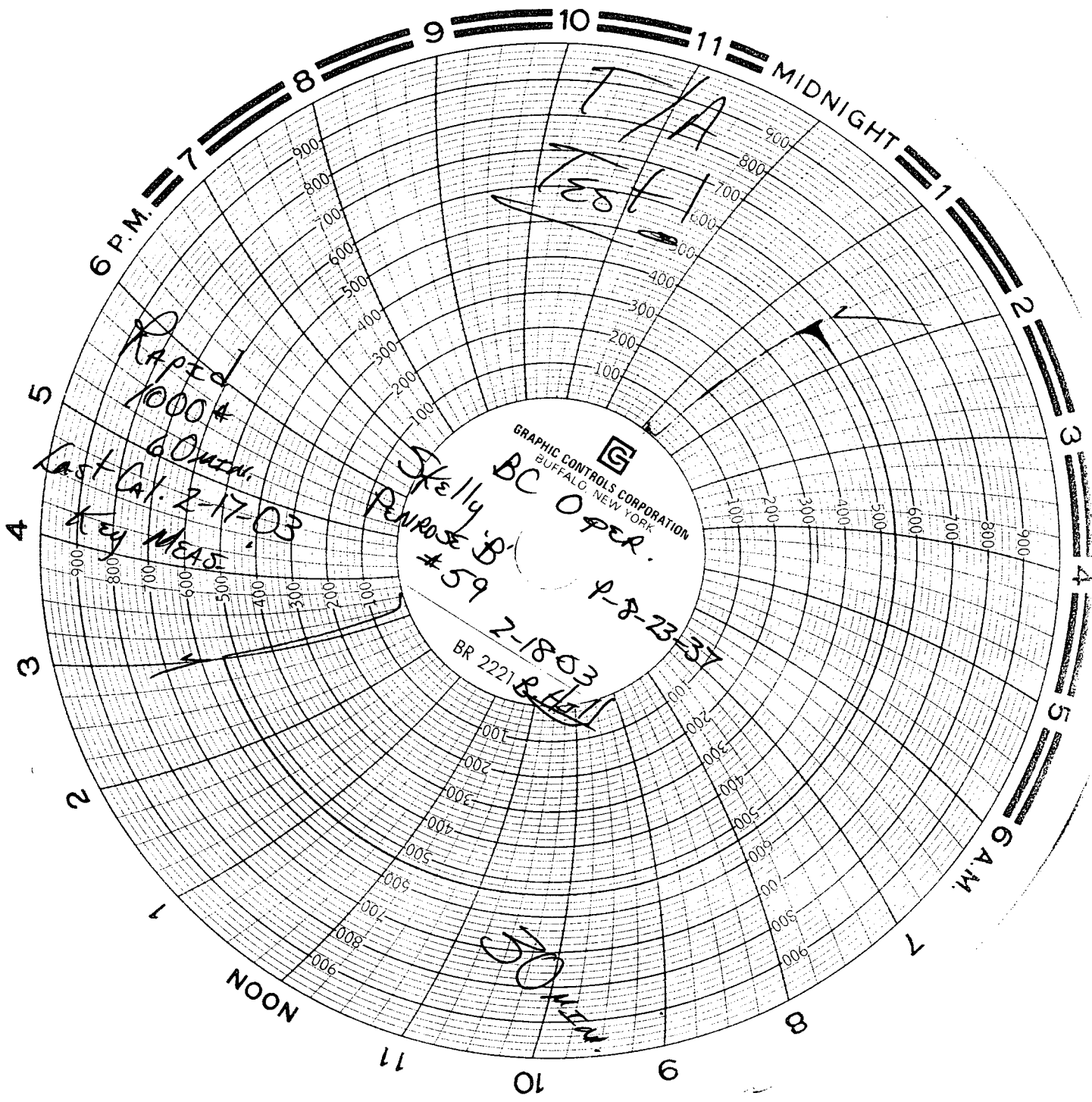
TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO. 915-684-6381

(this space for State Use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

CONDITIONS OF APPROVAL, IF ANY:



6 P.M. = 7 = 8 = 9 = 10 = 11 = MIDNIGHT = 1 = 2 = 3 = 4 = 5 = 6 A.M.

Rapid
1000#
60 min.
Last Cal. 2-17-03
Key MEAS

Skelly BC OPER.
PENROSE B
#59
2-18-03
BR 2221
P-8-23-37

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON

NOON