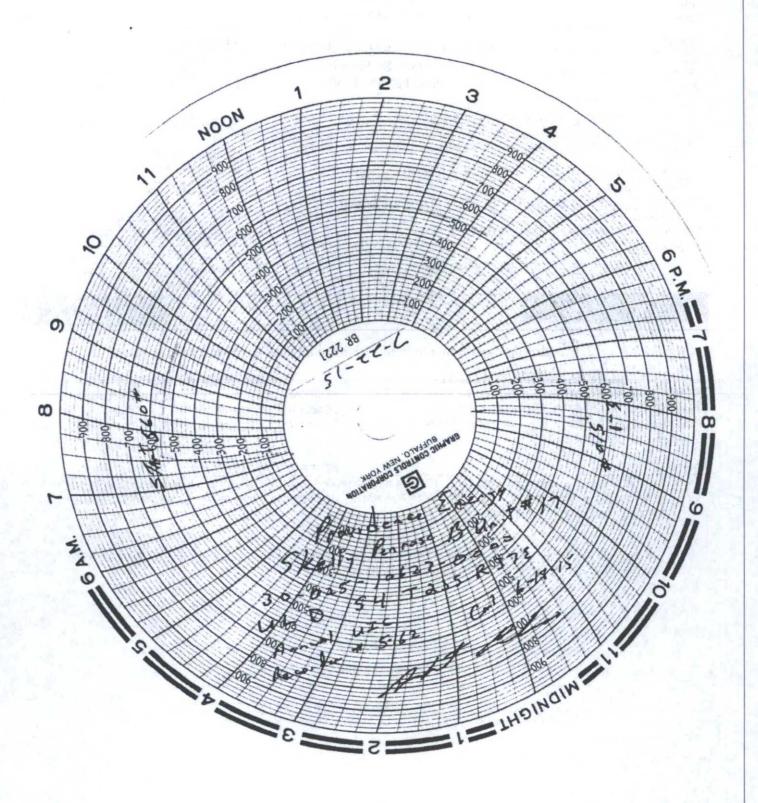
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		30-025-10627
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE   FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	CATION FOR FERMIT (FORM C-101) FOR SOCH	SKELLY PENROSE B UNIT
1. Type of Well: Oil Well	Gas Well Other INJECTION	8. Well Number 017
2. Name of Operator	The state of the s	9. OGRID Number 012444
	CES, INC. dba KELTON OPERATING	The Value of the Control of the Cont
3. Address of Operator P.O. BOX 928, ANDREWS, TEX	AS 79714-0928	10. Pool name or Wildcat LANGLIE MATTIX (37240)
4. Well Location		
Unit Letter D	660 feet from theNORTH line and _660	The state of the s
Section 4	Township 23S Range 37E	NMPM LEA County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
Archield College State College		
12 Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WO	
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	NI JOB
DOVINHOLE COMMININGEE		
OTHER:		IT TEST
	pleted operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
07/22/2015: RIG UP PARKER PUMP TRUCK. PRESSURE CASING TO 560#. TEST CASING FOR 32 MINUTES.		
ENDING PRESSURE 510#. WITNESSED BY GILBERT CORDERO – OCD.		
		79
Spud Date:	Rig Release Date:	
		n
The Court of the C		
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
SIGNATURE C.	TITLE PRESIDENT	DATE JULY 27, 2015
E Control of the Cont		
Type or print name C. Dale Keltor	E-mail address: providenceenergy@	suddenlink.net PHONE: 432-661-1364
For State Use Only	^	
ADDROVED DV RINA	Start Start	Manager DATE 8/3/2015
APPROVED BY:	Hermann IIILE STAT	DATE OF STOUS



BS 8/2/15