Submit 1 Copy To Appropriate District Office	State of New M		Form C-103
District I - (575) 393-6161	Energy, Minerals and Nat	ural Resources	WELL API NO.
District II – (575) 748-1283	811 S. First St., Artesia, NM 88210		30-025-27759
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE 6. State Oil & Gas Lease No.	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	JUN 27 2018 anta Fe, NM 8		o. State on & das Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			EK Penrose Sand Unit
1. Type of Well: Oil Well Gas Well V Other Water Injection			8. Well Number 401
2. Name of Operator Seely Oil Company			9. OGRID Number 20497
3. Address of Operator			10. Pool name or Wildcat
815 W.10 <sup>th</sup> Street, Fort Wort	n, TX 76102		EK-Yates-SR-Queen
4. Well Location		1 77	
	t from the South line and 1830 feet fr		
Section 30 – Township 18S – Range 34E NMPM Lea County, New Mexico   11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Show Whether El	i, raib, rii, Gri, cii	
			The state of the s
12. Chec	k Appropriate Box to Indicate N	Nature of Notice	, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK V PLUG AND ABANDON REMEDIAL WOR			
			RILLING OPNS. P AND A
	☐ MULTIPLE COMPL ☐	CASING/CEMEN	AL JOB
CLOSED-LOOP SYSTEM			
OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  OTHER:			
			ompletions: Attach wellbore diagram of
proposed completion or recompletion.			
4. MI O DU OU TOU WORK For dath a Contra			
<ol> <li>MI &amp; RU CU, TOH w/Salta lined tbg. &amp; pkr.</li> <li>Re-perforate Penrose Sand Unit from 4702' to 4709' w/8 spf.</li> </ol>			
3. TIH w/pkr & tbg. to 4710'±			
Spot xylene across perforations overnight.			
<ol> <li>Acidize w/750 gals 71/2% NEFE. Swab load back</li> <li>Fractures treat w/10,000 gallons gelled KCL w/25,000 lbs. sand.</li> </ol>			
7. Swab part of load back			
<ol> <li>Release pkr &amp; circulat</li> <li>TOH w/pkr &amp; tbg.</li> </ol>	e hole clean.	Co	ndition of Approval: notify
40 Till of plactic lined also 8 Calta the Cat also @ 46501			CD Hobbs office 24 hours
11. Run MIT test for NMOCD			
12. Return well to injection		prier	of running MIT Test & Chart
	***************************************		
Spud Date:	Rig Release D	Pate:	
			A CONTRACTOR OF THE STATE OF TH
I hereby certify that the informati	on above is true and complete to the b	est of my knowled	ge and helief
	/	best of my knowled	ge and belief.
SIGNATURE TITLE: President DATE: June 23, 2016			
Type or print name David L. Henderson E-mail address: dhenderson@seelyoil.com PHONE: (817) 332-1377			
For State Use Quly A A			
Wale Maria Dist & source / /20/2011			
Conditions of Approval (if any):			
Tippiotal (il ally).	V		X