Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 882103BS O'OIL CONSERVATION DIVISION	30-025-24839 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St Francis Dr	STATE FEE
$\frac{District IN}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}} 0 3 2016$ $\frac{District IV}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}} 0 3 2016$ Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	and the second of the second
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Langlie Jal Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 8
2. Name of Operator	9. OGRID Number 17213
PENROC OIL CORPORATION 3. Address of Operator	10. Pool name or Wildcat
PO BOX 2769, HOBBS, NM 88241	Langlie Mattix; 7 Rivers-Queen -Grayburg
4. Well Location	1
	1980 feet from the East line
Section 32 Township 24S Range 37E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Appropriate Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
DOWNHOLE COMMINGLE	
OTHER: OTHER: MIT T	
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.	ompletions: Attach wellbore diagram of
proposed completion of recompletion.	
10.10.2016 Deferr MIT Test and to 555# Held and Chart strated	
10-19-2016. Perform MIT. Test csg to 555#. Held good. Chart attached.	
Spud Date: Rig Release Date:	
Spud Date. Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
Ref	
SIGNATURE TITLE_Controller	DATE 11/02/2016
Type or print name _Aggie Alexiev E-mail address: _aggie@penrocoil.com For State Use Only	PHONE: _575-492-1236
a - 2 1 1	
APPROVED BY: Jan Down TITLE Om Ance at	
	The DATE 11/4/16
Conditions of Approval (if any):	DATE 11/4/16

