

Submit 1 Copy To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

HOBBS OCD

OIL CONSERVATION DIVISION

MAY 26 2020 1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED

|   |
|---|
| WELL API NO.<br>30-025-10634  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>SKELLY PENROSE B UNIT                                       |
| 8. Well Number 026  |
| 9. OGRID Number 012444  |
| 10. Pool name or Wildcat<br>LANGLIE MATTIX (37240)  |

|  |  |
|--|--|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>(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.)</p>  |  |
| <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION</p>   |  |
| <p>2. Name of Operator<br/>PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING</p>   |  |
| <p>3. Address of Operator<br/>P.O. BOX 928, ANDREWS, TEXAS 79714-0928</p>  |  |
| <p>4. Well Location<br/>Unit Letter <u>E</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>WEST</u> line<br/>Section <u>5</u> Township <u>23S</u> Range <u>37E</u> NMPM LEA County</p> |  |
| <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>  |  |

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ANNUAL UCI TEST ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/14/2020: RIG UP PARKER PUMP TRUCK. PRESSURE CASING TO 540#. TEST CASING FOR 32 MINUTES. ENDING PRESSURE 500#.

Spud Date:

Rig Release Date:

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



SIGNATURE \_\_\_\_\_ TITLE PRESIDENT DATE MAY 20, 2020

Type or print name C. Dale Kelton E-mail address: providenceenergy@suddenlink.net PHONE: 432-661-1364

For State Use Only

APPROVED BY: Kenny Forte TITLE C O A DATE 5-28-20  
Conditions of Approval (if any)

# HOBBS OCD

MAY 26 2020

RECEIVED

Providence Energy Services, Inc dba Kelton Operating  
OGRID #012444  
ANNUAL UIC TESTS

Well Name: Skelly Penrose B Unit #026 - API #30-025-10634

Test Date 5-14-20 Test Minutes 32

Beginning PSI - 540 #; Ending PSI - 500 #

Test Company: Parker Energy Support Services

Meter Serial # 220 Calibration Date: 2-25-20

Truck # 35 Driver Name: Gray N. Hickey

Driver Signature: [Signature]

