

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88218
 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 OGD CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

MAY 26 2020

WELL API NO. 30-025-10672
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 Number 044
9. OGRID Number 012444
10. Pool name or Wildcat LANGLIE MATTIX (37240)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES/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 Gas Well Other INJECTION

2. Name of Operator
PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING

3. Address of Operator
P.O. BOX 928, ANDREWS, TEXAS 79714-0928

4. Well Location
 Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line
 Section 8 Township 23S Range 37E NMPM LEA County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: ANNUAL UIC TEST <input checked="" type="checkbox"/>	

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.

05/15/2020: RIG UP PARKER PUMP TRUCK. PRESSURE CASING TO 720#. TEST CASING FOR 32 MINUTES. ENDING PRESSURE 720#.

Spud Date: Rig Release Date:

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

C. Dale Kelton

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: Kerry Jute TITLE COA DATE 5-28-20
 Conditions of Approval (if any):

HOBBS

MAY 26 2020

RECEIVED

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

Well Name: Skelly Penrose B Unit #044 - API #30-025-10672
Test Date 5-15-20 Test Minutes 32
Beginning PSI - 720 #; Ending PSI - 720 #
Test Company: Parker Energy Support Services
Meter Serial #: 2120 Calibration Date: 2-29-20
Truck # 35 Driver Name: Grey Mitchem
Driver Signature: [Signature]

