Submit 1 Copy To Appropriate District Office	- (575) 393-6161 Energy, Minerals and Natural Resources French Dr., Hobbs, NM 88240 - (575) 748-1283 1- (575) 748-1283 OIL CONSERVATION DIVISION				Form C-103
District I - (575) 393-6161				WELL API NO.	Revised July 18, 2013
District II - (575) 748-1283				30-025-07947	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type STATE	e of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Farmeric Dr. State Fa. NM	Santa Fe, NM 87505			6. State Oil & C	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND 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				7. Lease Name or Unit Agreement Name East Hobbs San Andres Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Injection Other				8. Well Number #409	
2. Name of Operator				9. OGRID Num	ber
Penroc Oil Corporation 3. Address of Operator				17213 10. Pool name o	or Wildcat
P. O. Box 2769 Hobbs, NM 88240				HOBBS; SAN A	
4. Well Location	1000	.1			C C
Unit Letter I : East line	1980feet from	the	South lin	ne and660_	feet from the
Section 30	Township	18S	Range 39E	NMPI	M Lea County
	11. Elevation (Show whe		, RKB, RT, GR, etc.)		
	GR	R 3606'			<u>, , , , , , , , , , , , , , , , , , , </u>
12. Check A	Appropriate Box to Ind	licate N	ature of Notice, I	Report or Other	r Data
NOTICE OF IN			SUB	- SEQUENT RE	
	PLUG AND ABANDON		REMEDIAL WORK		
TEMPORARILY ABANDON			COMMENCE DRIL CASING/CEMENT		P AND A
PULL OR ALTER CASING Image: Comparison of the second sec	MULTIPLE COMPL		CASING/CEMENT	JOB 🗌	
CLOSED-LOOP SYSTEM		-	OTHER:	•	AIT TESTING
13. Describe proposed or compl	eted operations. (Clearly s	state all p			
of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14	4 NMAČ	C. For Multiple Com	pletions: Attach	wellbore diagram of
Penroc Oil Corporation, is respectful	ly submitting the attached	MIT test	results for the refere	enced well.	
Test Date: 6-1-2020					
				H	DBBe -
Result: Pass				JU	DBBS OCD N 02 2020 CEIVED
					102 ₂₀₂₀
				REC	FIL
				_	LIVED
Spud Date:		lease Da			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
161PhA 8					
SIGNATURE					
Type or print nameM.Y. Merchantmail address:mymerch@penrocoil.comPHONE:575-492-1236 For State Use Only					
APPROVED BY: Kenny Juli TITLE CO A DATE 6-7-20					
Conditions of Approval (if any)				↓ DA	
•• • • • • • • • • • • • • • • • • • • •					

