Submit 3 Copies to Appropriate District Office

State of New Mexico
Ene Minerals and Natural Resources Departmen

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-00024

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 PROPOSALS.)

7. Lease Name or Unit Agreement Name: STATE A.D

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator: PENROC OIL CORPORATION

8. Well No. 2

3. Address of Operator: P.O. BOX 5970, HOBBS, NM 88241

9. Pool name or Wildcat: MESCALERO SAN ANDRES

4. Well Location
Unit Letter I : 3300 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 22 Township 10S Range 32E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: CONERTED TO INJECTION	☒		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11.22.96 – 11.25.96 RU – pulled & LD rods & tbg. PU 5½" PC. AD-1 pkr. Tallied 128 jts of 2⅞"; PC Buttress tbg. Set pkr @ 4001'. Circ. (attempt pkr fluid. Set pkr – csg would not load. TOH W/ pkr & tbg. PU Lok-set pkr, TIH. Set & loaded backside with 62 bbls. Tested to 400# – 15 min – O.K. TOH W/ Lokset, PU another 5½ PC. Run & set – loaded backside – O.K. Ready for injection when facilities ready.

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

SIGNATURE [signature] TITLE President DATE 11/26/96

TYPE OR PRINT NAME M. Y. (Merch) Merchant TELEPHONE NO. (505) 397-3596

(This space for State Use)

APPROVED BY Paul Kautz Geologist TITLE DEC 13 1996 DATE

CONDITIONS OF APPROVAL, IF ANY:

JCB