Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, nerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-03608

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: U. D. SAWYER

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

8. Well No. 2

2. Name of Operator: PENROC OIL CORPORATION

9. Pool name or Wildcat: CROSSROADS SILURO DEVONIAN

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

4. Well Location
Unit Letter I : 1980 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 27 Township 9 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) DF 4034'

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: Returned to production ☒	

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.

10/22 Thru 10/25/93
RU Well Services unit. PU 4000' of 2 7/8" J-55 tbg. PU 4000' of 1" D. Rods, Rotor & PC pump equip. Killed Well w/ 10# brine. Electrified surface equipment. Returned well to pumping 10/24/93. Testing continues. Will file for allowable within a couple of days.

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

SIGNATURE [signature] TITLE President DATE 10/26/93

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE OCT 27 1993

CONDITIONS OF APPROVAL, IF ANY: