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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 8 45 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K 2370 OG 5845	
7. Unit Agreement Name	
8. Farm or Lease Name	
Pat State Com.	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Vada	
12. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator	
Penrose Production Company	
3. Address of Operator	
Box 988, Eunice, New Mexico 88231	
4. Location of Well	
UNIT LETTER <u>M</u> , <u>554</u> FEET FROM THE <u>West</u> LINE AND <u>554</u> FEET FROM	
THE <u>South</u> LINE, SECTION <u>9</u> TOWNSHIP <u>10 S</u> RANGE <u>34 E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
423.4 GR.	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER <input type="checkbox"/>

17. 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.

Location has been leveled and it is ready for inspection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>L. E. Spwell</u>	TITLE <u>Office Manager</u>	DATE <u>9-15-69</u>
APPROVED BY <u>John W. Penyon</u>	TITLE <u></u>	DATE <u>001 24 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		