

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PENROC OIL CORPORATION	8. Farm or Lease Name AINSWORTH
3. Address of Operator P. O. BOX 5970 HOBBS, NEW MEXICO 88241	9. Well No. 2
4. Location of Well UNIT LETTER C, 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 35 TOWNSHIP 9 RANGE 33 NMPM.	10. Field and Pool, or Wildcat LANE ABO
15. Elevation (Show whether DF, RT, GR, etc.) 4293.5 GR	12. County LEA

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER RE-COMPLETION <input checked="" 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 1703.

May 6, 1988 RU workover rig
Pulled rods and tubing.
Set RBP at 9052'.
ID 2 3/8".
PU 2 7/8".
Perforated 4 SPF from 8777 - 8824'.
Tested tubing.
Acidized with 10,000 gal. 20% acid.
Swabbed.
Well started flowing.
Flowed 24 hours: 380BO, 250MCFG, 0 BW,
Final Report 5-17-88

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

SIGNED Jerry Sexton TITLE President DATE 5-19-88ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISORAPPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____TITLE _____ DATE MAY 24 1988

REC-10
MAY 20 1988
OCD
HOBBS OFFICE