Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

WELL API NO.
30-041-00266

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
LG-8803

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
Penrith State

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

2. Name of Operator
Strata Production Company

8. Well No.
1

3. Address of Operator
648 Petroleum Building

9. Pool name or Wildcat
Wildcat Fusselman

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 16 Township 7S Range 37E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4065' GL

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: Swab testing well	☒		

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.

1.) MIRU Pedco swbbg unit (2-13-91). SITP 5#. Commence swabbing, IFL 2200' FS. Recov burnable gas ahead of first 10 swb runs. FFL 6200' FS. RDMO Pedco.

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

SIGNATURE James G. McClellan TITLE Vice President DATE 2-14-91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: