

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- (SWD)		7. Unit Agreement Name
2. Name of Operator Petrus Oil Company, L. P.		8. Farm or Lease Name Peterson Penn Storage
3. Address of Operator 12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293		9. Well No. <u>1</u> System
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>5</u> RANGE <u>33</u> NMPM.		10. Field and Pool, or Wildcat Peterson Penn
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

Pumped 2000 gals 15% HCl @ 1.1 BPM at 800 psi. Turn on injection pump to flush.  
Return well to service. (04/29/87)

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

SIGNED Suzann Jordan TITLE Regulatory Coordinator DATE 05-12-87

Orig. Signed by  
**Paul Kautz**  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 15 1987

CONDITIONS OF APPROVAL, IF ANY: