

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B.7229

7. Lease Name or Unit Agreement Name

Malmar Unit Tr. 3

8. Well No.

Tract 3 well No. 9

9. Pool name or Wildcat

Maljamar Grayburg San Andres

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

PENROC OIL CORPORATION

3. Address of Operator

P.O. Box 5970, HOBBS, NM 88241

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section

12

Township

17S

Range

32E

NMPM

Hea

County

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

4246 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: and return well to production. ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

July. August, 1992 - RU workover unit. Pull & check tubing. Test for casing integrity - Under a packer, acidize with 2000 gallons 15% NE-FE w/ 30% xylene. Swab test and return to production.

Implementation of Order # R-9210. Letter dated April 22, 1991

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

SIGNATURE M. Y. Merchant TITLE President

DATE 6/20/92

TYPE OR PRINT NAME M. Y. Merchant

TELEPHONE NO. (505) 397-3546

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: