

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.
E-7766

7. Lease Name or Unit Agreement Name

STATE AE

8. Well No.
1

9. Pool name or Wildcat
Lovington Abo

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 M : 330 Feet From The South Line and 990 Feet From The West Line
Section 36 Township 16 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3848' DF

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: ☐

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.

13 3/8" @ 300'; 8 5/8" @ 3350'; 5 1/2" @ 8430' w/ 400 SKS. Calc. TOC 5880'.
Plans are to rig up pulling Unit. Pull & LD sub. equipment. Run bond
log to determine TOC. * Perf. 50' above TOC (2 holes). Establish circulation.
Pump dye water to determine cement volume. Pump 2 sx. cement.
WOC. Drill out. Run log to determine cement top. Run sub pump
& return well to production. (* Set RBP w/ 2sx. sand on top)

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

SIGNATURE Mohammed Jamir Marchant TITLE President

TYPE OR PRINT NAME Mohammed Jamir Marchant

DATE 2/13/91

TELEPHONE NO. (505) 397-3596

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: