Submit 3 Copies io Appropriate
District Office

Energy,

## State of New Mexico erals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

**PULL OR ALTER CASING** 

CONDITIONS OF APPROVAL, IF ANY:

OTHER:

OIL	CONSERVATION	DIVISION
	P.O. Box 2088	

Santa Fe	, New	Mexico	87504-2088

_	LL API NO.		
5.	Indicate Type of Lease STATE	FEE	

P.O. Drawer DD, Artesia, NM \$8210  DISTRICT III  Santa Fe, New Mexico 8/304-2088	5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lesse No. 2056
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
1. Type of Well: OR OR WELL OTHER	STATE LAND SECTION 30
2. Name of Operator	8. Well No.
PENROC OIL CORPORATION	7
3. Address of Operator	9. Pool name or Wildcat
P. O. BOX 5970 HOBBS, NEW MEXICO 88241	BOWER SEVEN RIVERS
4. Well Location  Unit Letter N: 560 Feet From The SOUTH Line and 191	4 Post From The WEST Line
Section 30 Township 18S Range 38E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  DF 3658 GL 3646	
11. Check Appropriate Box to Indicate Nature of Notice, R	leport, or Other Data
NOTICE OF INTENTION TO: SUB	SSEQUENT REPORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all personent details, and give personent dates, including extimated date of starting any proposed work) SEE RULE 1103.

OTHER:\_\_

CASING TEST AND CEMENT JOB

Rig up pulling unit. Pulled tubing. Tubing okay. 12/18-19/90 Picked up rods and pump. Returned well to production. 24 hour test - 6 BO, Ø BW, 2 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SONATURE PRESIDENT	DATE			
TYPE OR FRINT NAME MOHAMMED YAMIN MERCHANT	<b>ТЕЦЕРНОКЕ НО.</b> 505 397-3596			
(This space for State Use)	12.7 mg			
APPROVED BY TITLE	DATE			