| NO. OF COPIES RECEIVED | | er o t. t. | Form C-103 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| DISTRIBUTION | | 4 () () () () () () () () () (| Supersedes Old C-102 and C-103 |
| SANTA FE | NEW MEXI | CO OIL CONSERVATION COMMISSION CONTRACTOR STATEMENT OF THE STATEMENT OF TH | Effective 1-1-65 |
| FILE | | JUN 13 17 55 MI 99 | To July to The of Lond |
| u.s.g.s. | | | State Fee X |
| LAND OFFICE | | | 5. State Oil & Gas Lease No. |
| OPERATOR | | | 5. State Off & das Lease No. |
| | TIMEDY MOTICES AND D | EDODES ON WELLS | |
| 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.) | | | |
| OIL GAS WELL | OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator | | | 8. Farm or Lease Name Davis |
| Penrose Production Company 3. Address of Operator | | | 9. Well No. |
| | | | 1 |
| Box 988, Eunice, New Mexico | | | 10. Field and Pool, or Wildcat |
| UNIT LETTER | . 2310 FEET FROM TH | HE West LINE AND 1650 FEET F | THITTING MOR. |
| THE South LINE | e, SECTION | NSHIP 18 S RANGE 39 E N | MPM. ((((((()))))) |
| mmmm | 15 Florette | n (Show whether DF, RT, GR, etc.) | 12. County |
| | 15. Elevation | in (Show whether Dr., Rr., OR, every | Lea |
| 16. | the ale Appropriate Boy T | o Indicate Nature of Notice, Report or | |
| | neck Appropriate Box 1 OF INTENTION TO: | | ENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG A | ND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE | PLANS CASING TEST AND CEMENT JOB | |
| | | OTHER | |
| OTHER | | | |
| 15 Day 1 - Day and an Come | lated Operations (Clearly state | all pertinent details, and give pertinent dates, inclu | iding estimated date of starting any proposed |
| work) SEE RULE 1103. | reted Operations (Greatly State | , | • |
| 11-5-65 | | | |
| | | | |
| D ep pen | ed Hole from 445 ed with 1000 gal | 8 to 4528. Set Lyon Pac lon acid | ker at 4464 and |
| acidiz | sa with 1000 gar | Ton acta: | |
| | | | |
| | | | |
| | | | |
| | To correc | t packer setting reported | on C-103 filed 11-12- |
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| | | | |
| | | | |
| 18. I hereby certify that the in | formation above is true and comp | plete to the best of my knowledge and belief. | |
| | | | |
| SIGNED & STATE | sowell | TITLE <u>Office Manager</u> | DATE 6-15-66 |
| STONED | 3 | | |
| | | | |
| APPROVED BY | | TITLE | DATE |

CONDITIONS OF APPROVAL, IF ANY: