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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 4 1 12 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Penrose Production Company	8. Farm or Lease Name Davis
3. Address of Operator Box 988, Eunice, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>West</u> LINE AND <u>1600</u> FEET FROM THE <u>South</u> LINE, SECTION <u>29</u> TOWNSHIP <u>18 S</u> RANGE <u>39 E</u> NMPM.	10. Field and Pool, or Wildcat Hobbs East San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3600' R T	12. County Lea

16.

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

NOTICE OF INTENTION TO:

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

Well is presently completed in open hole in San Andres W/ TD at 4458.
Plan to deepen to 4530 in San Andres in Open Hole and treat new Open Hole
with 1000 gal. acid.

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

SIGNED L. E. Crowell TITLE Office Manager DATE 11-2-65

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: