

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

a mended

WELL API NO. 30-025-26824
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-7653
7. Lease Name or Unit Agreement Name State AP
8. Well No. 1
9. Pool name or Wildcat Reeves Queen

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 Penrock Oil Corp.	
3. Address of Operator P.O. Box 5970, Hobbs, New Mexico 88241-5970	
4. Well Location Unit Lease <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>185</u> Range <u>35E</u> NMPM Lea <u></u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3940.5	

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.

7-06-00 Plug #1 Set CIBP @ 4250' dump bail 4 sx cmt., cap CIBP TOC calc. 4215'.
Plug #2 1353' - Spot 25 sx cmt. Wt. 14.8 - Class C - calc. TOC 1103'.
Plug #3 300' - Spot 35 sx cmt. to Surface.
Cut off wellhead and place dryhole marker.

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

SIGNATURE Ray Mung TITLE Agent DATE 07-06-00

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY GWN TITLE