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. B-1553

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: STATE "E" TRACT 18

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER DISPOSAL

2. Name of Operator: PENROC OIL CORPORATION

8. Well No. 22

3. Address of Operator: P.O. Box 5970, Hobbs, NM 88241

9. Pool name or Wildcat: LOVINGTON ABO

4. Well Location
Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 2 Township 17S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3852' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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" @ 266' 9 5/8" @ 3287' w/ 300 sx s. 5 1/2" – TD (8324') OH: 8324'-8465'

TOC by temperature log March 19, 1982 : 4900'.

Plan to rig up. Pull pkr & tbg. Look for bad tubing & pkr. Run gauge ring or swage to 8300' ±. If O.K. run RPB & test csg. Replace bad tubing & pkr, if necessary. Circulate hole w/ treated water (packer fluid). Pressure test backside for 15 min. to 500#. Return well to injection.

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

SIGNATURE Mohammed Yamin Merchant TITLE President DATE 2/13/91

TYPE OR PRINT NAME Mohammed Yamin Merchant TELEPHONE NO. (505) 397-3596

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: