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NEW MEXICO OIL CONSERVATION COMMISSION
 JAN 21 11 39 AM '66

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 <small>(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.)</small>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Penrose Production Company	8. Farm or Lease Name The Penrose Company
3. Address of Operator Box 988, Eunice, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>20</u> RANGE <u>37</u> NMPM.	10. Field and Pool, or Wildcat East
15. Elevation (Show whether DF, RT, GR, etc.) 3499 D F	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Set Compressor

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.

* Comm. Agr. 1680
 Fed. Lease 031736 (b)
 Set compressor 1-3-66. Producing capacity with compressor 900 MCF per day.
 Please re-clasify as non-Marginal well.

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

SIGNED R. E. Crowell TITLE Office Manager DATE 1-19-66
 APPROVED BY [Signature] TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: