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. 30-015-21282

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L.6808

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: Aztec "36" State

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER SWD

2. Name of Operator: Penroc Oil Corporation

8. Well No. 1

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

9. Pool name or Wildcat: Jalmat Yates 7-Rivers

4. Well Location
Unit Letter I : 2200 Feet From The South Line and 330 Feet From The East Line

Section 36 Township 22S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3521' GR

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 [X]
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.

1-26-01 Plug #1 CIBP @ 3500', capped w/ 2 sx cmt. TOC calc. 3465'.
1-27-01 Plug #2 3250', spotted 10 sx cmt. plug TOC 3150'.
Plug #3 1720', spotted 20 sx cmt. WOC & tag @ 1608'.
Plug #4 500', spotted 20 sx cm.t WOC & tag @ 386'.
Plug #5 30' from Surface w/ 10 sx cmt. to Surface.

All cmt. Class C, 14.8 # 1.32 yield

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

SIGNATURE Roger Massey TITLE Agent DATE 2/02/01

TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915)530-0907

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: