

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-395

7. Lease Name or Unit Agreement Name:

State WEE

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

PENROC OIL CORPORATION

3. Address of Operator

P.O. Box 5970, Hobbs, NM 88241

8. Well No.

1

9. Pool name or Wildcat

Eumont Yates & Rucus Queen

4. Well Location

Unit Letter K : 2310 feet from the S line and 2310 feet from the W line

Section 13 Township 21S Range 35E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Rig up WS Unit. Pull out of hole w/ rods & tubing  
Hot water tubing w/ Paraffin chemical. Circulate  
hole clean. Using PKR & RBP test casing integrity.  
If any holes found, fix same & return well to  
production.

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

SIGNATURE M. Y. (Merch) Merchant TITLE President

DATE

Type or print name M. Y. (Merch) Merchant

(505) 397-3596  
Telephone No.

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

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