

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.

30-025-25481 26491

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' Tr. 27

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

W.O.G., Inc.

8. Well No.

2

3. Address of Operator

P. O. Box 1813, Midland, TX 79702

9. Pool name or Wildcat

Penrose Skelly GB

4. Well Location

Unit Letter M : 330 Feet From The South Line and 880 Feet From The West Line

Section 18

Township 21S

Range 37E

NMPM

Lea

County

10. Elevation (Show whether DF, 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 ☐

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.

1. On 2/1/94:
2. Removed dry hole marker
3. Perforated 3600-3820'
4. Acidized and swab tested
6. Put well on Production after 24 hour test

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

SIGNATURE

Linda Johnston

TITLE

Agent

DATE 9/22/94

(915) 682-5492

TELEPHONE NO.

TYPE OR PRINT NAME

Linda Johnston

(This space for State Use) OFFICIAL DESIGNATION OF APPLICANT

INTERVIEWER

NOV 02 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: