

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

7. Lease Name or Unit Agreement Name
State 'E' Tr. 27

8. Well No.
2

9. Pool name or Wildcat
Penrose Skelly GB

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
W.O.G., Inc.

3. Address of Operator
P. O. Box 1813, Midland, TX 79702

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 NMMPM 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. Set 35' cement on top of CIBP @ 4000'
2. Set CIBP @ 3500 + 35' cement
3. Set 25 sx cement, 50' inside and 50' outside 7" casing @ 1250'
4. Set 10 sx cement to Surface

Approximate start date: October 15, 1994

Contact Kent Walker for bids (915) 685-0738

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) 685-0738
TELEPHONE NO.

TYPE OR PRINT NAME

Linda Johnston

(This space for State Use)

DEPUTY DIRECTOR
SUPERVISOR

NOV 02 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: