

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-99

DISTRICT I

1625 N French Dr, Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 S. St. Francis Dr.
Santa Fe, New Mexico 87505

WELL API NO.

30 025 10535

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 3480

7. Lease Name or Unit Agreement Name

Skelly Penrose B Unit

8. Well No.

10

9. Pool name or Wildcat

Langlie Mattix 7 Rvr-Qn-Grybg

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 ☐ Injection

2. Name of Operator

B C Operating Co.

Smith & Morris Inc

3. Address of Operator

P.O. Box 50820, Midland, TX 79702

4. Well Location

Unit Letter L 1980 Feet From The South Line and 990 Feet From The West Line

Section 32 Township 22S 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 MIT - T/A Status ☒

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.

2-19-03: Rigged up pump truck, pressure tested casing to 560# for 30 minutes - held okay.

Chart Attached. T/A Test.

TD: 3971', PBTD: 3732', Perforations: 3666-3725, packer @ 3541'.

This Approval of Temporary
Abandonment Expires 3/31/08

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

SIGNATURE

Ann E. Ritchie

TITLE

Regulatory Agent

DATE

3-5-03

TYPE OR PRINT NAME

Ann E. Ritchie

TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY

TITLE

DATE

MAR 31 2003

CONDITIONS OF APPROVAL, IF ANY

