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State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM S8240 P.O. Box 2088 30 025 10677 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD. Artesia, NM 88210 FEE 🔀 STATE DISTRICT III 6. State Oil& Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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 Skelly Penrose B Unit \bowtie OTHER Injection Well 8. Well No. 2. Name of Operator B C Operating Co. 9. Pool name or Wildcat 3. Address of Operator Langlie Mattix 7 Rvr-Qn-Grybg P.O. Box 50820, Midland, TX 79702 4. Well Location 330 South 330 Feet From The __ Line and Feet From The Unit Letter **NMPM** Lea County Township **23S** Range 37E Section 10. Elevation (Show whether DF, RKB. RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHERMIT - T/A Status 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. 2-18-03: Rigged up pump truck, pressure tested casing to 540# for 30 minutes - held okay. Chart Attached. T/A Test. TD: 3635', PBTD: 3621', Perforations: 3490-3590', Packer: 3431'. This Approval of Temporary Abandonment Expires complete to the best of my knowledge and belief. I hereby certify that the information Regulatory Agent SIGNATURE TELEPHONE NO. 915 684-6381 TYPE OR PRINT NAME Ann E. Ritchie

> ORIGINAL SIGNED BY GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF

CONITIONS OF APPROVAL, IF ANY

(this space for State Use)

APPROVED BY ---

