+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 S8240

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 10687
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	

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

1. Type of Well:
Oil Well ☒   Gas Well ☐   OTHER Injection

Skelly Penrose B Unit

2. Name of Operator
B C Operating Co. / Smith & Marrs Inc

8. Well No.
54

3. Address of Operator
P.O. Box 50820, Midland, TX 79702

9. Pool name or Wildcat
Langlie Mattix 7 Rvr-Qn-Grybg

4. Well Location

Unit Letter __L__ __1980__ Feet From The __South__ Line and __660__ Feet From The __West__ Line

Section __9__   Township __23S__   Range __37E__   NMPM   __Lea__   County

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

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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

2-18-03: Rigged up pump truck, pressure tested casing to 540# for 30 minutes - held okay.
Chart Attached. T/A Test.
TD: 3645', PBTD: 3644', Perforations: 3535-3629', Packer: 3457'.

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 _____   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 _____

CONDITIONS OF APPROVAL, IF ANY

MAR 3 1 2003

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BC Oper.

Skelly
Penrose
"B" #54   2-18-03   BR 2221 BHH

30 min.

EST

Rapid
1000#
62 min.
Last Cal 2/03
Key Mers