

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease

State ☐

Fee ☒

5. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Skelly Penrose "A" Unit
2. Name of Operator Texaco Producing, Inc.	8. Farm or Lease Name
3. Address of Operator P. O. Box 728, Hobbs, New Mexico, 88240	9. Well No. 69
4. Location of Well UNIT LETTER L 95.4 FEET FROM THE North LINE AND 1331.1 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 23-S RANGE 37-E N.M.P.M.	10. Field and Pool, or Wildcat Langlie Mattix
11. Elevation (Show whether DF, RT, GR, etc.) 3300.2 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Drilling permit extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Drilling permit extension ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

We request an extension of time for the permit to drill the subject well. The proposed work should commence in January, 1986.

Permit Expires 6 Months From Approval
Date When Drilling Underway.

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

SIGNED W. A. Baker, II

TITLE Dist. Operations Manager DATE 8-19-85

ORIGINAL SIGNED BY JERRY CHALCO
DISTRICT SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____

AUG 21 1985

CONDITIONS OF APPROVAL, IF ANY: