

UNITED STATES DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

SUBMIT IN THIS STATE
 (Other instructions on reverse side)

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM05523

45F

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

High Lonesome Penrose Uni

8. FARM OR LEASE NAME

High Lonesome Penrose Uni

9. WELL NO.

#5

10. FIELD AND POOL, OR WILDCAT

High Lonesome Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, T16S, R29E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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--" for such proposals.)

1. OIL WELL GAS WELL OTHER

Water Injection

RECEIVED BY
 JUL 22 1986
 O.G.P.
 ARTESIA OFFICE

2. NAME OF OPERATOR

Aceco Petroleum Co. ✓

3. ADDRESS OF OPERATOR

2106 W. Richey, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State laws. See also space 17 below.)

At surface

2310' FSL & 2310' FEL of Section 15, T16S, R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3690'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
 FRACTURE TREAT
 SHOOT OR ACIDIZE
 REPAIR WELL

FULL OR ALTER CASING
 MULTIPLE COMPLETE
 ABANDON*
 CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
 FRACTURE TREATMENT
 SHOOTING OR ACIDIZING

REPAIRING WELL
 ALTERING CASING
 ABANDONMENT*

(Other) _____
 (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE REPAIRS OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If a well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to the work.)

Enclosed is a copy of approved Sundry Notice on repair.

The Penrose #5 well was repaired on November 18, 1985 and approved by BLM 5-5-86.

Casing Leak Survey was performed on 5-26-86. Pressure held O.K. Remains on injection status.

Witnessed by Mike Stubblefield NMOCD.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Owner

4

DATE 7-17-86

(This space for Federal or State office use)

PROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

RF

JUL 21 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.
NM-05523

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

7. UNIT AGREEMENT NAME
High Lonesome Penrose Unit

8. FARM OR LEASE NAME
High Lonesome Penrose Unit

9. WELL NO.
#5

10. FIELD AND POOL, OR WILDCAT
High Lonesome Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T16S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. OIL WELL GAS WELL OTHER Water injection

2. NAME OF OPERATOR
Aceco Petroleum Company

3. ADDRESS OF OPERATOR
2106 W. Richey, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FSL & 2310' FEL of Section 15, T16S, R29E

14. PERMIT NO. OPERATIONS (Show whether LF, LT, CL, etc.)
3690'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

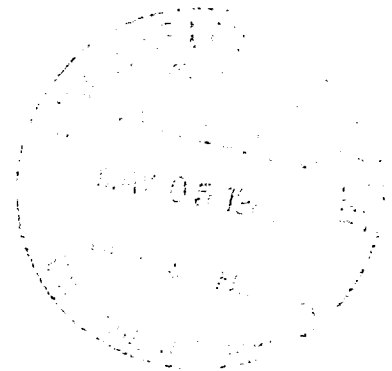
NATURE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measures, and true vertical depths for all markers and zones pertinent to this work.)*

On November 18, 1985 - Rigged up pulling unit to pull casing. Second joint from top, hole was found in casing. Welder patched hole. Ran casing back in hole, ran packer & tubing. Pressure test - held O.K.

FOR RECORD
MAY 19 1986
CARRISAD, NE. MEXICO



18. I hereby certify that the foregoing is true and correct
SIGNED David Spunk TITLE Owner DATE 5-1-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side