

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 092190

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Dero-Federal (SW-633)

8. FARM OR LEASE NAME

Dero-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 35-19S-28E

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Penroc Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Drawer 831, Midland, Texas 79701

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

660' EL & 660' SL of Sec. 35, T-19-S, R-28-E

14. PERMIT NO.

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

3285' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Spud

(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 measured and true vertical depths for all markers and zones pertinent to this work.)\*

4-11-72: Spudded well at 12:00 Noon, MST  
Reaming 11-3/4" hole.

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

SIGNED

*H. W. Gzell*

TITLE Secretary-Treasurer

DATE 4-12-72

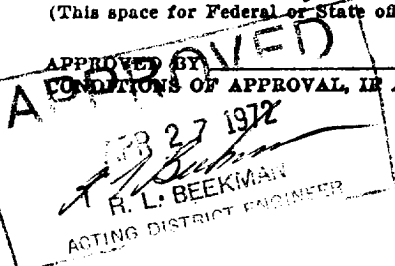
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side