

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

OCD - Hobbs Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**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 INJECTION WELL

2. NAME OF OPERATOR  
PENNZOIL EXPLORATION AND PROD. CO.

3. ADDRESS OF OPERATOR  
P.O. DRAWER 1828, MIDLAND, TX 79702-1828

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330' FNL and 1650' FEL of Section  
Unit B

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
4182 DF

5. LEASE DESIGNATION AND SERIAL NO.  
NM 801

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
PHILLIPS - FEDERAL

9. WELL NO.  
2-Y

10. FIELD AND POOL, OR WILDCAT  
MALJAMAR

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  
Sec. 33, T17S, R33E

12. COUNTY OR PARISH LEA 13. STATE New Mexico

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

|  |   |  |  |
|--|---|--|--|
| NOTICE 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 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 PLANE <input type="checkbox"/>         | (Other) _____                                  | (Other) _____                            |

(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.)\*

Pennzoil requests approval for an emergency pit for this water injection well. The pit dimensions are 25'x25'x4' deep. The pit is used periodically for back flowing well to reduce the wellhead injection pressure. No fluid is stored in pit. When pit is used all fluid is removed within 48 hrs by vacuum truck.

CONDITIONS OF APPROVAL:

1. PIT MUST BE FENCED TO PREVENT ACCESS BY LIVESTOCK AND WILDLIFE.
2. RELOCATION OR ENLARGEMENT OF PIT MUST HAVE PRIOR APPROVAL.

OCD AREA  
APR 3 10 55 AM '90  
RECEIVED

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

SIGNED Randy M. Hodgins TITLE ENGINEER DATE 3-8-90

(This space for Federal or State office use)

APPROVED BY Adam Salameh TITLE \_\_\_\_\_ DATE 4/6/90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side