

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. NM 801	
2. NAME OF OPERATOR PENNZOIL EXPLORATION AND PROD. CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. DRAWER 1828, MIDLAND, TX 79702-1828		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME PHILLIPS - FEDERAL	
14. PERMIT NO.		9. WELL NO. 2-Y	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4182 DF		10. FIELD AND POOL, OR WILDCAT MALJAMAR	
		11. SEC., T., R., M., OR B.L.E. 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 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.

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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