

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.
NM57730

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
PENROC OIL CORPORATIONContact: AGGIE ALEXIEV
E-Mail: aggie@penrocoil.com3a. Address
1515 WEST CALLE SUR STREET
HOBBS, NM 882413b. Phone No. (include area code)
Ph: 575-492-1236

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 7 T13S R38E NWNW 330FNL 330FWL

8. Well Name and No.
LOWE FEDERAL 019. API Well No.
30-025-29647-00-S110. Field and Pool or Exploratory Area
UNDESIGNATED11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Recomplete | <input type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

7-25-18 thru 8-28-18

Recompleted in Wolfcamp. (28120)
RU. NU BOP. Pulled & LD ESP.
RU WL. Ran gauge ring to 11,100'. Ran CIBP and set @ 11,100'
Ran GR/CLL. Perforated 2 spf 9670'-9695'.
TIH w/ 5 1/2" pkr @ 2 7/8" L-80 tbg.
Swab tested for 2 days. FL staying between 3600'-4000'
Set pumping unit. LD pkr.
Rod up well to pump.
Testing 10-20 bopd & 300 bwpd as of 08/28/2018

You are NOT authorized to transport
product from this well until you have
C-104 approval from NMOC

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

Electronic Submission #432963 verified by the BLM Well Information System
For PENROC OIL CORPORATION, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/05/2018 (18DLM0583SE)

Name (Printed/Typed) AGGIE ALEXIEV

Title CONTROLLER

Signature (Electronic Submission)

Date 08/28/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

SEP 07 2018

/s/ Jonathon Shepard

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
**Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No.
NM-57730

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
Lowe Federal #001

2. Name of Operator
Pogo Oil & Gas Operating, Inc

9. API Well No.
30-025-29647

3a. Address
1515 W Calle Sur, Suite 174
Hobbs, NM 88240

3b. Phone No. (include area code)
575-942-2004

10. Field and Pool or Exploratory Area
Wolfcamp

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
D-07-13S-38E 330 FNL 330 FWL

11. Country or Parish, State
Lea County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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7-25-18 -8-28-18

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Ran GR/CLL. Perforated 2 spf 9670'-9695'.
TIH w/ 5 1/2" pkr & 2 7/8" L-80 tbg.
Swab tested for 2 days. FL staying between 3600'-4000'
Set pumping unit. LD pkr.
Rod up well to pump.
Testing 10-20 bopd & 300 bwpd as of 08-28-2018.

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

Name (Printed/Typed)

M. Y. Merchant

Title Agent

Signature

Date 08/27/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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Office

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(Instructions on page 2)

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