

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Dry	5. Lease Designation and Serial No. NM - 064528 (A)
2. Name of Operator Penwell Energy, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 600 N. Marienfeld, Suite 1100	7. If Unit or CA, Agreement Designation 18685
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 7, T-22-S, R-26-E 1650' FNL & 1980' FEL	8. Well Name and No. Rifleman 7 Federal #1
	9. API Well No. 30-015-28858
	10. Field and Pool, or Exploratory Area Happy Valley Bone Sp.
	11. County or Parish, State Eddy, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other See Below:	<input type="checkbox"/> Dispose Water

13. 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.)*

* Inclination Survey Attached

J. Lira

14. I hereby certify that the foregoing is true and correct		
Signed <u>Brenda Caffma</u>	Title <u>Production Analyst</u>	Date <u>5-9-96</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		