

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Subject: BLM Form 1004-710  
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. WELL TYPE OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELLS <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Penroc Oil Corporation	3. ADDRESS OF OPERATOR P. O. Box 5970, Hobbs, NM 88241-5970	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL & 1980' FNL Sec. 13, T9S, R35E	5. LEASE DESIGNATION AND SERIAL NO. NM-0149958	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Hood Federal	9. WELL NO. 2	10. FIELD AND POOL, OR WILDCAT Bough Penn	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T9S, R35E	12. COUNTY OR PARISH Lea	13. STATE NM
14. PERMIT NO. 30-02521306	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4130' RDB											

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 PLANT	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other) Abandon Dev. & test Penn/Abo X				(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.)*							

Well is currently TA'd in Devonian pay because of high water cut. It is proposed to set CIBP @ 11,900' and set 2 sxs. of class "C" cement on top. Pressure test csg. integrity above the PBSD. Perforate Penn 9545'-50', 9554'-60'. Acidize with 1000 gal. 20% NEFE acid. Swat test for production. If commercial put well on production. If not, set CIBP @ 9500'. Perforate ABO 8616'-8750'. Acidize and test. If non-commercial, submit plans to P&A this well subject to BLM approval.

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>President</u>	DATE <u>May 4, 1992</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>5/6/92</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

RECEIVED

MAY 11 1992

ODD NUMBER OF