

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. 30-015-03826
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 186037
7. Lease Name or Unit Agreement Name WEST HENSHAW UNIT
8. Well No. TR, 13 - WELL NO. 1
9. Pool name or Wildcat HENSHAW-CB-WEST

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	
2. Name of Operator PENROC OIL CORPORATION	
3. Address of Operator P.O. BOX 5970, HOBBS, NM 88241-5970	
4. Well Location Unit Letter M : 3300 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 2 Township T16S Range R30E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3907' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WITHIN THE NEXT 90 DAYS PLAN TO RIG UP ON THIS WELL, PULL TUBING AND PACKER LOOK FOR HOLE(S) IN TUBING, REPLACE BAD TUBING AND/OR PACKER, SET PACKER WITH INHIBITED FLUID, TEST ANNULUS TO 500# FOR 15 MINUTES.

**RECEIVED**

APR 18 1995

**OIL CON. DIV.**  
**DIST. 2**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ray Smith TITLE PRESIDENT DATE 4/17/95  
TYPE OR PRINT NAME M. Y. (MERCH) MERCHANT TELEPHONE NO. (505) 397-3596

(This space for State Use)

**ORIGINAL SIGNED BY RAY SMITH**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 27 1995  
CONDITIONS OF APPROVAL, IF ANY: