

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-060898

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Henshaw Premier
Unit Tract 2

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

West Henshaw Grayburg

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 3, T-16-S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER Water Injection

AUG 08 '89

2. NAME OF OPERATOR
Pennco Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Box 5970, Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

4620 FSL # 660 FEL

UT. 9

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3890 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Objective:

To locate downhole problem (tubing, pkr, etc.)
and repair as needed. Load and test tubing-casing
annulus to 500 psig.

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

SIGNED [Signature]

TITLE President

DATE August 7, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side