

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210
RECEIVED

Form approved.
Budget Bureau No. 1004-0135
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. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Water Injection
2. NAME OF OPERATOR Penroc Oil Corporation
3. ADDRESS OF OPERATOR P.O. Box 5970, Hobbs, New Mexico 88240
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 OF

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-10-S, R-30E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

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) ☐
PULL 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.)

August 11, 1989

Rigged up pulling unit. Pulled packer and tubing. Found two bad joints. Ran and set CIBPD 100' above the perforations. Displaced hole with 2% KCL water. Layed down all but one joint of tubing. Rigged up Knox Services. Pressured to 500# for 15 min. Test D.K. Layed down one joint of tubing. Clean location. Rigged. Test witnessed by NMOCB.

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

SIGNED David R. Glass TITLE PRESIDENT

DATE August 15, 1989

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD.) DAVID R. GLASS
CONDITIONS OF APPROVAL IF ANY: _____

TITLE _____

DATE _____

CARLSBAD, N. MEXICO *See Instructions on Reverse Side