

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <i>Water Injection</i>	AUG 08 '89	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-069641</i>
2. NAME OF OPERATOR <i>Pennac Oil Corporation</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 5970, Hobbs, NM 88247</i>	<i>O.C.D.</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit Latta M, 3300' SL, 660' FWL</i>	<i>ARTESIA OFFICE</i>	8. FARM OR LEASE NAME <i>West Henshaw Unit</i>
		9. WELL NO. <i>1</i>
		10. FIELD AND POOL, OR WILDCAT <i>West Henshaw Grayburg</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 3, T-16-S, R 30E</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3863' DF.</i>	12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>New Mexico</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 packer 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 *L. Pham Van Muehant*

TITLE *President*

DATE *August 7, 1989*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side