

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau NO. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐ <i>Water Injection</i> AUG 08 '89	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-06407-B</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, New Mexico 88241</i>	7. UNIT AGREEMENT NAME <i>PREMIER</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit Letter I, 3660' FNL, 330' FEL</i>	8. FARM OR LEASE NAME <i>West Henshaw Unit</i>
	9. WELL NO. <i>2</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. 4, T16 S, R30E</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3860' D.F.</i>
	12. COUNTY OR PARISH <i>Eddy</i> 13. STATE <i>New Mexico</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☒	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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-csg. annulus to 500 psig.

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

SIGNED *John G. Mendenhall* TITLE *President* DATE *August 7, 1985*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side