

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction 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 ☐ GAS WELL ☒ OTHER ☐ Water Injection AUG 17 '89

2. NAME OF OPERATOR Penrod Oil Corporation O. C. D.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit Letter I, 3660' FNL, 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3860' D.F.

5. LEASE DESIGNATION AND SERIAL NO.
NM-06407-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Henshaw Unit Tract 9

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
West Henshaw Graybu

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T16S, R30

12. COUNTY OR PARISH
Eddy

13. STATE
New Mex.

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 PLANE ☐

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 8, 1989

Rigged up pulling unit. Pulled packer and tubing. Found two bad joints. Ran and set CIBP 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 ok. Layed down one joint of tubing. Clean location. Rigged. Test witnessed by NMOC D

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

SIGNED

TITLE

DATE August 15, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

