

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE)  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-06407-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

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7. UNIT AGREEMENT NAME

2009

8. FARM OR LEASE NAME

West Henshaw Unit  
Tract 9

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

West Henshaw Grayburg

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

Sec. 4, T16 S, R30E

12. COUNTY OR PARISH

13. STATE

Eddy New Mexico

1. NAME OF WELL  
WELL ☒ OTHER

Water Injection

2. NAME OF OPERATOR

Penn O. I. Corporation

AUG 21 '89

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

Unit Letter I, 3660' FNL, 330' FEL

14. PERMIT NO.

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

3860' D.F.

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.)

Objective:

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

Aug 8 11 11 AM '89

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

SIGNED

William J. Muehl

TITLE

President

DATE

August 7, 1989

(This space for Federal or State office use)

APPROVED BY

Shannon J. Shaw

FOR:

UNITED STATES DEPARTMENT OF THE INTERIOR

DATE

8-16-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side