

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

45F

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"/> <u>Water Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-06407-B</u>
2. NAME OF OPERATOR <u>Penroac Oil Corporation</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 5970, Hobbs, New Mexico 88241</u>	7. UNIT AGREEMENT NAME <u>Unit 109</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>Unit Letter I, 3660' FNL, 330' FEL</u>	8. FARM OR LEASE NAME <u>West Henshaw Unit</u>
	9. WELL NO. <u>2</u>
	10. FIELD AND POOL, OR WILDCAT <u>West Henshaw Grayburg</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 4, T16S, R30E</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3860' D.F.</u>
	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>New Mexico</u>

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 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 O.K. 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

(This space for Federal or State office use)

(ORIG. SCD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL (IF ANY)

CARISBAD, N.M. 87002 *See Instructions on Reverse Side