

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 of an existing reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐ *Injection well*
2. NAME OF OPERATOR *Penroc Oil Corporation*
3. ADDRESS OF OPERATOR *P.O. Box 5970, Hobbs, NM 88241*
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface *Unit Letter H, 330' from the South Line & 330' from the west line of Sec. 3, T16 S, R31 E, Eddy County, New Mexico*
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4180 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-081381-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Northeast Square Lake Premier Unit
9. WELL NO.
5
10. FIELD AND POOL, OR WILDCAT
Square Lake Grayburg SA - North
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-16 S-31 E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

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 down hole 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

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

FOR: CHIEF, MINERAL RECORDS
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side