			Form approved.
Form 3160-5 (November 1983)	Ui. (ED STATES OI	L COME SUBMETTED TRIP LOATE.	Budget Bureau No. 1004-0135 Expires August 31, 1985
(Formerly 9-331) D	EPARIMENT OF THEDER A	ELIDIK Actes mige)	5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANAGEM	ENT XM 88210	NM-081381-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDR'	Y NOTICES AND REPORT of for proposals to drill or to deepen or pice "APPLICATION FOR PERMIT—" for su	S ON WELLS lug back to a different reservoir. sch proposals.)	O. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		RECEIVED	7. UNIT AGREEMENT NAME
WELL CAS XX	OTHER INJECTION WELL		
2. NAME OF OPERATOR		AUC DE ICO	8. FARM OR LEASE NAME NORTHEAST SQUARE LAKE
PENROC OIL CORP	ORATION C	AUG 28 '89	PREMIER UNIT
	HORRS NM 88241	6 2 5	5
4. LOCATION OF WELL (Repor- See also space 17 below.) At surface	HOBBS, NM 88241 t location clearly and in accordance with	any State requirements. AN ESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT SQUARE LAKE GRAYBURG
)' from the South line &		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
of Sec 3, T16 S, F	R31E, Eddy County, New Me	exico	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF. RT. GR. etc.)	3-16S-31E 12. COUNTY OR PARISH 18. STATE
II. IBRUIL NO.		,,,	EDDY NEW MEXICO
16.	Check Appropriate Box To Indica	Sa Natura of Nation Parast of C	
	E OF INTENTION TO:		UNIT REPORT OF:
Γ			
TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL XX
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	of multiple completion on Wall
(Other)		Completion or Recomp	of multiple completion on Well letion Report and Log form.) including estimated date of starting any
Rigged up wellhole on botto	l service unit August 14 m joint. SDFN. 89, ran new packer and to	, 1989. Pulled tubing &	
circulated ho	le with treated water. NMOCD (Adam). Clean up	Set packer and pressure	to 500#. Test
			<u> 25</u> € 25°
			:
			(T)
			O 1
			• 4
			:
			1 CO
18. I hereby certify that the	foregoing is true and correct		A. A. 419 19-18
SIGNED John	TITLE	PRESIDENT	DATE ayout 19, 1959
(This space for Federal o	or State office use). COND		
APPROVED BY	GCD.) DAVID R. GLASS		DATE
CONDITIONS OF APPRO	MUGIPANY9 89		

CARESBAD, NEW MEXECTSee Instructions on Reverse Side

