

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruct. on reverse 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 to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. NAME OF WELL <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> WATER WELL <input type="checkbox"/> OTHER	2. NAME OF OPERATOR Penroc Oil Corporation	3. ADDRESS OF OPERATOR P.O. Box 5970, Hobbs, New Mexico	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter E, 1980 From the North Line & 660' from the West Line of Section 10, T-16-S, R-31-E, Eddy County, NM	5. LEASE DESIGNATION AND SERIAL NO. NM-026418	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME No. 1 East Sq. Lake Premier Unit	9. WELL NO. 19	10. FIELD AND POOL, OR WILDCAT Sq. Lake GB San Andres, North	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-16S-31E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4167 GR											

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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, pkr etc) and repair as needed. Load and test tubing-csg. annulus to 500 psig.

RECEIVED
Aug 9 11 26 AM '89

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

SIGNED John H. Muehant TITLE President DATE August 7, 1989

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw FOR: CHIEF OF MINERAL RESOURCES DATE 8-16-89
CONDITIONS OF APPROVAL, IF ANY: CARLSBAD

*See Instructions on Reverse Side