

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Draw or DD
Artesia, NM
SUBMIT IN TRIPlicate*
(Other instructions on reverse side)
88210

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER WATER INJECTION

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, 1980 FROM THE NORTH LINE & 660' FROM THE WEST LINE OF SECTION 10, T-16 S, R 31 E, EDDY COUNTY, NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4167 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM026418

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
NORTHERN SQUARE 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

16. 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 type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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

(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.)*

Rigged up well servicing unit on August 15, 1989. Unset packer and came out of hole with 113 jts. of 2 3/8" cement lined tubing and packer. Tubing O.K. packer was no good. SDFN.

One August 17th, ran packer and plug and started testing casing from 3605', by pulling 5 stds. at a time. Located hole in the casing 30 ft. from surface. SDFN.

On August 18th, rigged up Halliburton, set Howco's RBP @ 957'. Cemented down 4 1/2". Circulated 10 sxs. WOC. Received NMOC approval to lay down tubing and TA well for twelve months.

On August 19th, layed down tubing and cleaned up location. Rigged down.

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

SIGNED [Signature] TITLE PRESIDENT

DATE August 19, 1989

(This space for Federal or State office use)

APPROVED BY (CHIEF, SGD) DAVID R. GLASS TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side