

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions reverse side)

Budget Bureau No. 1004-0133
Expires August 31, 1985

LSF

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		APR 19 '88	
2. NAME OF OPERATOR PENROC OIL CORPORATION ✓		O. C. D.	
3. ADDRESS OF OPERATOR P. O. BOX 5970 HOBBS, NEW MEXICO 88241		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' from the South Line and 1980' from the West Line Section 4, T-16-S, R-31-E, Eddy County, New Mexico		5. LEASE DESIGNATION AND SERIAL NO. NM-1069	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Federal CCC	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT N. Sq. Lake/Grayburg S.A.,	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, 16S, R31E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) <u>Change of Operator</u>		(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.)*

Notice of Change of Operator:

Effective October 1, 1987 Mobil Producing Texas and New Mexico sold to PENROC OIL CORPORATION the lease mentioned above.

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

SIGNED Mohammed Yamin Merchant TITLE President DATE 4/12/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS