

Form 1004-01
(November 1983)
(Formerly 9-331)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

LC-064577A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

B. I. HANSON FEDERAL

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

SHUGART Y-7R-QN-GB

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 3, T19S, R31E

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PENROC OIL CORPORATION

DEC 12 '89

3. ADDRESS OF OPERATOR

P O BOX 5970 HOBBS, NEW MEXICO 88241

Q. C. D.

ARIZONA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below)
At surface

UNITED LETTER K, NE 1/4, SW 1/4

2310' FSL and 2310' FWL

14. PERMIT NO.

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

3607' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) CHANGE OF OPERATOR

XXX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.*

CHANGE OF OPERATOR TO PENROC OIL CORPORATION EFFECTIVE DATE 12-5-89
PREVIOUS OPERATOR WAS TEXACO INC.RECEIVED
DEC 11 1989

RECEIVED

Post IO-3
12-15-89
chy ap

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

SIGNED

PRESIDENT

TITLE

PRESIDENT

DATE

12-6-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side