

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Budget Bureau No. 1004-01-1
Expires August 31, 1985

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.

#2

10. FIELD AND POOL, OR WILDCAT
Shugart Yates Seven Rivers
Queen Grayburg

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

Sec. 3, 8-19-S, R-31-E

12. COUNTY OR PARISH 13. STATE
EDDY NEW MEXICO

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PENROC OIL CORPORATION

3. ADDRESS OF OPERATOR

P O BOX 5970 HOBBS, NEW MEXICO 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Unit Letter X, 2310' FSL & 1980' FEL

14. PERMIT NO.

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

3599' GL

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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(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 OPERATION. (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.

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

SIGNED

TITLE PRESIDENT

DATE DECEMBER 6, 1989

PRESIDENT

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side