

Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

498

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED	
2. NAME OF OPERATOR PENROC OIL CORPORATION		DEC 7 '90	
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 J, 2310' FSL & 1980' FEL		ARTESIAN OFFICE	
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 Seven Rivers Queen Grayburg	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T19S, R31E	12. COUNTY OR PARISH EDDY
13. STATE NM	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3599' GL	

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) <u>Returned well to production</u> <input checked="" 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.)\*

November 24-27, 1990

Moved in & rigged up Meenar Well Service. Pulled rods & tubing. Replaced 7 bad jts of tubing. Ran pkr & tbq. Set pkr @ 3350'. Acidized perfs 3377-3650' w/1500 gal. 15% gelled NEFE acid using rock salt for diversion. Swabbed for 3 hours. Pulled pkr & tbq. Ran prod tubing, rods & pump. Hung well on.

Adan

RECEIVED  
DEC 5 10 39 AM '90  
CARLS AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct  
SIGNED Mohammed Yamin Merchant TITLE President DATE 12/4/90  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side