

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form Approved
Budget Bureau No. 101-1075. LEASE DESIGNATION AND NUMBER
NM 0473362

6. IF INDIAN, ALLOTTEE OR TRUST NAME

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Dero-Fed."A"(SW 633)	
2. NAME OF OPERATOR Penroc Oil Corporation		8. FARM OR LEASE NAME Dero-Fed."A"Comm.	
3. ADDRESS OF OPERATOR P. O. Drawer 831, Midland, Texas 79701		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL & 660' FSL, Sec. 35-19S-28E		10. FIELD AND POOL, OR WILDCAT Winchester	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3295' GR, 3311' KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-19S-28E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N. M.	

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input 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"/>		<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.)*

11/20/73 Drilled to 11,252 T.D.

11/20/73 Ran 4 1/2" casing as follows:

637.83'	4 1/2"	13.5#	N-80 Buttress
9944.29'	4 1/2"	11.6#	N-80 LTC
669.48'	4 1/2"	13.5#	N-80 LTC
11,251.60'			

Cemented w/770 sacks 50-50 pozmix

11/21/73 Top Cement 7900'

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

SIGNED

TITLE SUPERINTENDENT DATE 12/14/73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DISTRICT ENGINEER

DATE

DEC 19 1973

RECEIVED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535