

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to complete or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐ **OCT 22 1979**
2. NAME OF OPERATOR **PENROC OIL CORPORATION**
3. ADDRESS OF OPERATOR **O. C. C. ARTESIA, OFFICE**
P. O. Drawer 831, Midland, Tx. 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL, 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE NM-0473362	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Dero A Federal Comm	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Winchester	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T19S, R28E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO. 30-015-20973	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3310' DF 3311' KB	

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | |
|--|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <input type="checkbox"/> Re-completion | |

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

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.)*

- 10/8/79: Squeeze cemented Wolfcamp perms 9051-9377' w/50 sxs Class H w/.6 of 1% Halad 9 and 100 sxs Class H w/.4 of 1% CFR-2. Max. press. 2300#. WOC 24 hrs. Pressured to 1500# for 30 mins. Held OK after drilling retainer and 377' cement.
- 10/12/79: Squeeze cemented Strawn perms 10,087- 11,114' w/35 sxs Class H w/.4 of 1% CFR-2. Max. press. 3250#. WOC 24 hrs. Drilled retainer and 77' cement. Pressured to 1500# for 30 mins. held OK.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED B. J. Dalley TITLE President DATE October 16, 1979

(This space for Federal or State office use)

(Orig. Sgd.) GEORGE H. STEWART
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

OCT 18 1979