

00-010-20979

Correct API in ~~Engard~~

C-101 .

C-102 + DA

Oguel- 17213

Prop- 8865

Pool- 87600

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Depleted Gas Well
2. NAME OF OPERATOR
Penroc Oil Corporation
3. ADDRESS OF OPERATOR
P. O. Drawer 831, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' fSL, 1980'EL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 checked="" type="checkbox"/>
(other)			

5. LEASE
NM-0473362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dero "A" Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Winchester-Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-19S-28E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
30-015-20979
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3304' GR, 3314.6' DF, 3315.6' KB

RECEIVED BY

NOV 02 1983

O. C. D.
ARTESIA, OFFICE

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

BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

AUG 8 12 49 PM '83

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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.)*

As advised on Form 9-331 dated 7-7-83, BLM surface stipulations as required have been met and well site is ready for inspection for final abandonment approval.

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

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

SIGNED Peter W. Chester TITLE President DATE 8-4-83

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: NOV 1 1983