

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.)

RECEIVED

1. oil well ☐ gas well ☒ other

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.) 1980' fSL, 1980' fEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☒
ABANDON* ☐
(other) Re-Complete

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-0428657

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Arco-Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Winchester Atoka (Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33-19S-28E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.
30-015-21731

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3335 DF, 3336.3 KDB

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

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.)*

Well originally drilled to Morrow at T.D. 11,240'. PB to 11,048'.

Perforated Morrow 11,011-016' & 11,020-027', treated and tested, set packer w/blanking plug @ 10,860'.

Then completed well as single zone producer in Atoka. This zone now depleted. Plan to squeeze cement Atoka perms, then move downhole to effect completion in the Morrow.

Estimate work to commence 7-30-80.

Will utilize blowout preventer 6" X 900 Series double Shaffer.

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

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

SIGNED P. J. Dalbey TITLE President

DATE 7-16-80

(Off. Seal) PETER W. CHESTER ACTING DISTRICT ENGINEER
APPROVED BY: _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 17 1980