Form 9-331 Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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| LEACE |        |      |      |
| LEASE |        |      |      |
|       | NM-042 | 3657 | _    |

| UNITED STATES   |   |  |  |
|---|---|--|--|
|   | 5. LEASE NM-0428657   |  |  |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |  |  |
|   | APP 1 0   |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or plug back to a different eservoir, Use Form 9-331-C for such proposals.)   | 7. UNIT AGREEMENT NAME APR 1 0  |  |  |
| 1 oil gas   | 8. FARM OR LEASE NAME Arco-Federal ARTESIA, OFF                             |  |  |
| well well other P&A   | 9. WELL NO.   |  |  |
| 2. NAME OF OPERATOR PENROC OIL CORPORATION /  | 10. FIELD OR WILDCAT NAME Wildcat Cisc                                      |  |  |
| 3. ADDRESS OF OPERATOR  | Winehester Atoka (Gas) Can  |  |  |
| P. O. Drawer 831, Midland, TX 79702   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR                                 |  |  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | 33-19S-28E 3 45 45  |  |  |
| below.) AT SURFACE: 1980' FSL, 1980' FEL  |   |  |  |
| AT TOP PROD. INTERVAL:  | 12. COUNTY OR PARISH 13. STATE New Mexico                                   |  |  |
| AT TOTAL DEPTH:   | 14. API NO.   |  |  |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  | 30-015-21731  |  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                                       |  |  |
|   | 3335 DF = 3336.3 KB   |  |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |   |  |  |
| EST WATER SHUT-OFF  |   |  |  |
| RACTURE TREAT   |   |  |  |
| HOOT OR ACIDIZE   |   |  |  |
| PULL OR ALTER CASING  | (NOTE: Report results of multiple completion or zone change on Form 9-330.) |  |  |
| MULTIPLE COMPLETE   | change on Form 9-330.)  |  |  |
| HANGE ZONES   |   |  |  |
| BANDON*   |   |  |  |
| other)  |   |  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine 3/25/81               | directionally drilled, give subsurface locations and                        |  |  |
|   |   |  |  |
| Refernce is made to Form 9-331, dated 1/25/81,  | which advised that when all   |  |  |
| surface equipment had been removed and location   | levelled, ripped, cleaned, etc.,  |  |  |
| according to BLM Stipulations, your office woul   |   |  |  |
| would be ready for inspection for Final Abandon   | mont approval . Which work has  |  |  |
|   | ment approvar. Into work has  |  |  |
| peen accomplished on the above date.  | ment approval. This work has  |  |  |
| peen accomplished on the above date.  | ment approval. This work has  |  |  |
| een accomplished on the above date.   | ment approval. This work has  |  |  |
| een accomplished on the above date.   | ment approval. This work has  |  |  |
| een accomplished on the above date.   | ment approval. This work has  |  |  |
| een accomplished on the above date.   | ment approval. This work has  |  |  |
|   |   |  |  |
|   |   |  |  |
| Subsurface Safety Valve: Manu. and Type   |   |  |  |
| Subsurface Safety Valve: Manu. and Type  8. I hereby certify that the foregoing is true and correct  IGNED  | Set @Ft.  |  |  |
| Subsurface Safety Valve: Manu. and Type  8. I hereby certify that the foregoing is true and correct  IGNED 3. President   | Set @Ft.  DATE4/6/81  |  |  |
| ACCEPTED FOR RECORD Space for Federal or State of PETER W. CHESTER TILE   | Set @Ft.  |  |  |
| Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED  ACCEPTED FOR RECORD space for Federal or State of PETER W. CHESTER TITLE  PPROVED BY PETER W. CHESTER TITLE | Set @Ft.  |  |  |
| Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED TITLE President  ACCEPTED FOR RECORD Space for Federal or State of PETER W. CHESTER TILE                     | Set @F1.  |  |  |