

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a ~~different~~ reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

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DEC 08 1993

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
PENROC OIL CORPORATION

3. Address and Telephone No.
P. O. BOX 5970 HOBBS NM 88241-5970 (505) 397-3596

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UNIT LETTER A : 600' FROM THE NORTH LINE AND 330' FROM THE EAST
LINE, SECTION 33, T18S, R31E EDDY COUNTY, NEW MEXICO

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM28790

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SHUG A 1

9. API Well No.

30-015-22209

10. Field and Pool, or Exploratory Area

SHUGART (Y-7R-QN)

11. County or Parish, State

EDDY NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other CHANGE OF OPERATOR

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

NOTICE OF CHANGE OF OPERATOR:

PENROC OIL CORPORATION
P. O. BOX 5970
HOBBS NM 88241-5970

EFFECTIVE DATE OF CHANGE:

NOVEMBER 6, 1993

ACCEPTED FOR RECORD

(ORIG. SGD.) DAVID R. GLASS
7 1993

CARLSBAD, NEW MEXICO

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NOV 15 8 22 AM '93
CARLSBAD AREA OFFICE

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

Mohammed Yamin Merchant

Signed *[Signature]*

Title President

Date 11/12/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____