

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

11 S. 1st St.  
Albuquerque, NM 87102-2834

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

**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**

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

2. Name of Operator  
Penwell Energy, Inc.

3. Address and Telephone No.  
600 N. Marienfeld, Suite 1100, Midland, Tx 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650' FSL & 1650 FEL of Sec. 2, T21S, R25E

5. Lease Designation and Serial No.  
NM-96822

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Levers Federal #2

9. API Well No.  
30-015-20963

10. Field and Pool, or Exploratory Area  
SWD Upper Penn.

11. County or Parish, State  
Eddy

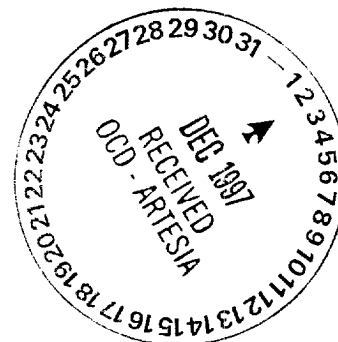
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Change well name	<input type="checkbox"/> 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.)

Please be advised that as of 11/20/97 we are requesting the name of the above mentioned well be changed to the Levers Federal #2 SWD.



Filed 10-3  
2-13-98  
Chg Well Name

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

Signed Sinda Walker

Title Regulatory Analyst

Date 11/20/97

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA

Title

ENGINEER

Date

NOV 28 1997

Conditions of approval, if any: