Copy to 5 F

						,	1
Form 9-331 (May 1963)							
		ES AND RE		N WELLS	YE D	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME
OIL GAS WELL X OTHER				·-·		7. UNIT AGREEMENT NAME	
WELL WELL  2. NAME OF OPERATOR		AUG 2 2 19	74	8. FARM OR LEASE NAME			
Penroc Oil Corporation					•	Foxie-Federal	
3. ADDRESS OF OPERATOR				O. C. C.		9. WELL NO.	
P. O. Drawer 831, Midland, Texas 79701  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						10. FIELD AND POOL, OR WILDCAT	
						Wildcat	
	1980' FNL, 2086' FWL, Section 18					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
1900 FML, 2000 FWL, Section 18						Sec. 18-20S-28E	
14. PERMIT NO.	f. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)					12. COUNTY OR PARISH 13. STATE	
14. PERMIT NO.				•			
		3293.8	GR	3304.8 KB		Eddy	N. M.
16.	Check App	ropriate Box To	Indicate No	ature of Notice, R	eport, or C	ther Data	
7	OTICE OF INTENTIO	ON TO:	ŀ		SUBSEQU	ENT REPORT OF:	
TEST WATER SHUT-OF	PU'	LL OR ALTER CASING		WATER SHUT-OI		REPAIRING	WELL.
FRACTURE TREAT	<u></u>	LTIPLE COMPLETE		FRACTURE TREA		ALTERING	
SHOOT OR ACIDIZE	AB.	ANDON*		SHOOTING OR A	CIDIZING	ABANDONM	ENT*
REPAIR WELL	Сн	ANGE PLANS		(Other)	wet	Statu	
(Other)						of multiple completion etion Report and Log f	
nent to this work.)	well is directiona	ing test u	bsurface locati	ons and measured an	d true vertica	l depths for all marke	ers and sones perti
8/15/74 Connecting test unit.							
, ,		-		COU 11			
6/16/74	riowing	1.86 PMCF	GPD W/6	60# back p	ressure	· •	
8/17/74		0 MMCFGPD				, 6 bbls. c ck pressure	
					R	ECEIVE	<b>D</b>
						AUG 2 1 1974	
					ų. s. Arti	GEOLOGICAL SURVI ESIA, NEW MEXICO	EY
18. I hereby certify that	the foregoing is t	rue and correct					
SIGNED .	I dele	<u> </u>	ritle Pr	esident		DATE <u>8/2</u>	20/74
(This space for Pela	tal or State office	use)					

\*See Instructions on Reverse Side