Form 9–331
Dec. 1973

UNITED STA
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.)

5. LEASE NM-0557562	RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ------	JUL 1 3 1982
7. UNIT AGREEMENT NAME ------	O. C. D.
8. FARM OR LEASE NAME ARTESIA, OFFICE Wright Federal	
9. WELL NO. 2	
10. FIELD OR WILDCAT NAME Angell Ranch Atoka-Morr.(Gas)	

1. oil well ☐   gas well ☐   other Depleted Gas Well

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-20S-28E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO. 30-015-21635	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3364.5 GR 3380.5" KDB	

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☒

(other)_____

(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.)*

As advised on Form 9-331 dated 3-23-82, surface stipulations as required have been met and well site is ready for inspection for final abandonment approval.

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

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

SIGNED _____ TITLE President _____ DATE 5-13-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side