

UNITED STATES
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.)

1. oil ☐ gas ☐ 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:

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) ☐

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5. LEASE
NM-0557562

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Wright Federal

SEP 9 1982

9. WELL NO.
2

O. C. D.
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
Angell Ranch Atoka-Morr. (Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6-20S-28E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

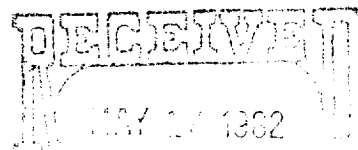
14. API NO.
30-015-21635

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3364.5 GR 3380.5" KDB

(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 B. J. Dacey 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

