FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

IINITED STATES

SUBMIT IN TRIPLICATE*

FRACTURE TREATMENT

(Other) _

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424.

ABANDONMENT*

orm May	DEPARTME. OF THE INTERIOR (Other instruction is re-	5. LEASE DESIGNATION AND SERIAL NO. NM-17098 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	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 "APPLICATION FOR PERMIT—" for such proposals.)	
7	OIL GAS X OTHER	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
	Penroc Oil Corporation AUG 15 1977	Foxie "A" Federal o
	P. O. Drawer 831, Midland, Texas 79702 ARTESIA, OFFICE	1 10. FIELD_AND POOL, OR WILDCAT
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FEL, 660' FSL	Undes Morrow 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3316.8 GR	18-20S-28E 12. COUNTY OR PARISH 13. STATE Eddy N. M.
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data QUENT REPORT OF:
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	X REPAIRING WELL ALTERING CASING

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

On 8/3/77 well spudded at 9:30 AM.

Ran 12 jts 13 3/8" 48# (422.81')

ABANDON*

CHANGE PLANS

MULTIPLE COMPLETE

Set @ 421' rotary table measurement, cemented w/425 sxs Class C w/2% CaCl. Plug down @ 5:00 PM. Circulated 30 sxs.

Wait on cement 18 hrs. Pressured to 1100# for 40 mins. Held OK

RECEIVED

AUG 8 1977

U.S. GEOLOGICAL SURVEY

ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct	TITLE	President	DATE _	8/5/77
(This space for Federal or State office use) APPROVED TA CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE _	

*See Instructions on Reverse Side