

RECEIVED BY DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

APR 18 1985 SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
O. C. D. Use "APPLICATION FOR PERMIT" for such proposals.)

1. ARTESIA, OFFICE

WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Penta Exploration Company ✓

3. ADDRESS OF OPERATOR

310 W. Texas, Suite 210 Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

700' FSL & 2205' FEL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GL, etc.)

2989' GL

12. COUNTY OR PARISH

13. STATE

Eddy

N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☒

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Perforating ☒

(Other) ☐

(NOTE: Report results of multiple completion or 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.) *

2-20-85 Perforate 5257, 59, 69, 71, 79, 81, 83, 85, 95, 97, 5301, 09, 11, 13, 5363, 65, 73, 75, 79, 86, 89, 93, 96, 5408. (24 shots).
Spotted 3 1/2bbls acid 10% NeFe at 5403'. Treated with 2853 gallons 10% NeFe. Average job pressure 1440lbs. Average rate 4.3bbls/min. Maximum pressure 2600lbs.

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

SIGNED

Jammy Peck

TITLE

DATE

4-15-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

APR 17 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO