New Mexico Oil Conservation Division, District I 1625 N. French Drive

Form 3160-5 (November 1994) UNITED STATES Hobbs, NM 88240 DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on reverse side 1. Type of Well Oil Well Gas Well Other 2. Name of Operator Gruy Petroleum Management Co. 3a. Address P.O. Box 140907 Irving, TX 75014-0907 3b. Phone No. (include area code) 972.401.3111 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						5. Lease Serial No. Fee 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. NMNM 71031A 8. Well Name and No. Skelly Penrose A Unit # 87 9. API Well No. 30-025-34016 10. Field and Pool, or Exploratory Area Langlie Mattix-7 Rvrs Queen Grayburg				
1190' FSL & 1531' FEL Sec 3-23S-37E						11. County or Parish, State				
						Lea County, NM				
12. CHECK AP	PROPRIATE BOX(ES) T	O INDIC				EPORT, OF	R OT	HER D	ATA	
TYPE OF SUBMISSION	TYPE OF ACTION									
If the proposal is to deepen dire	ctionally or recomplete horizontate work will be performed or pr	lly, give subsurface loca vide the Bond No. on f		Re Re Re Re Wi Te Wi estimated startations and me rite with BLM	asured and tru L/BIA. Requir	Dandon Other Integrity Other Dandon Only proposed work and approximate duration thereof, ue vertical depths of all pertinent markers and zones, ired subsequent reports shall be filed within 30 days				
testing has been completed. Findetermined that the site is ready 2-12-99 - CIBP set at 346 6-4-04 - Rigged up pressor The Skelly Penrose A Un available for future injection	for final inspection.) 60' w 35' cement on top. ure tested well to 565 ps it is an active waterflood	si. Pulled	d 30 minul uy would	te chart, o like to req	riginal on f	ile with BL proval∤and	M. C	Did not	lose	pressure.
				NOVED			ViOI	NTH F	ERI	OD (*)
14. I hereby certify that the foregoing is true and correct Name (PrintedTyped) Zeno Farris Signature				Title Manager, Operations Administration Date November 15, 2004						
	THIS SPACE	FOR FE	DERAL OF	STATE O	FFICE USE					***
Approved by (ORIG. SGD.) DAVID R. GLASS				Title		r	ate	NO	/ 29	2004
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	attached. Approval of this not	ce does no		Office						

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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