OCD-HOBBS

		OCD-11022	
Form 3160-5 (June 1990)	DEPARTMEN	TED STATES NT OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use t	his form for proposals to dr	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoice R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE 1. Type of Well			7. If Unit or CA, Agreement Designation
Oil Well Other 2. Name of Operator			8. Well Name and No. Glenn Ryan #4
PENERGY 432-684-3757 3. Address and Telephone No. P.O. Box 50076 Midland Tx. 79710			9. API Well No. 30-025-25578
4. Location of Well	_	escription)	10. Field and Pool, or Exploratory Area 11. County or Parish, State
Sec. 11 TWP 26-S RgE 37E			LEO County N.M.
12. CHE	CK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYP	E OF SUBMISSION	TYPE OF ACTIO	N
nto-	Notice of Intent Subsequent Report	Abandonment Recompletion Plugging Back	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
	Final Abandonment Notice	Casing Repair Altering Casing Cother	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
13. Describe Propose	d or Completed Operations (Clearly state al	Il pertinent details, and give pertinent dates, including estimated date of star cal depths for all markers and zones pertinent to this work.)*	ting any proposed work. If well is directionally drilled
Press	ure test wo	al depths for all markers and zones pertinent to this work.)* S completed and with 4-20-07.	nessed by
Marlo	n Deaton on	4-20-07.	
Casti	ron bridge 1	olug set at 2579'	23456789107772203A
			TO Received Hobbs OCD Colored Colored Hobbs
Signed	hat the foregoing is true and correct	Title Prod. Clérk ACCEPTED FO	Date 4.24-07
(This space for F	Federal or State office use)) Date
Approved by Conditions of app		Title MAY	NRIGHT
Title 18 U.S.C. Sections as	on 1001, makes it a crime for any person to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the Unit	ed Atales any Talse, fictitious or fraudulent statements
C. (up. seematoria 45	GWW	*See Instruction on Reverse Side	

