

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

## OIL CONSERVATION DIVISION

JAN 19 2010 1220 South St. Francis Dr.

HOBBS, NM 87505

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WELL API NO. 30-005-01210 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GULF DEEP ✓
8. Well Number 001 ✓
9. OGRID Number 17213 ✓
10. Pool name or Wildcat SWD- SAN ANDRES ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD ✓2. Name of Operator  
PENROC OIL CORP ✓3. Address of Operator  
P.O. BOX 2769, HOBBS, NEW MEXICO 88241

## 4. Well Location

Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line  
 Section 34 Township 14S Range 31E NMPM CHAVES ✓  
 County

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 DOWNHOLE COMMINGLE ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: INITIAL MIT ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

A.E.D. PUMP, TEST 9-5/8" x 3-1/2" ANNULUS TO 300 PSI, WITH 25 PSI LOSS IN 30 MINUTES. TEST WITNESSED BY MAXIE BROWN. PACKER SET @ 3,769'.  
 ORIGINAL CHART ATTACHED.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE PRESIDENT DATE 1/14/10

Type or print name M.Y.[MERCH] MERCHANT  
 PHONE: 575-492-1236

E-mail address: mymarch@penrocoil.com

## For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 20 2010  
 Conditions of Approval (if any):

