

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240
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, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240		5. LEASE DESIGNATION AND SERIAL NO NM-60052	
2. NAME OF OPERATOR Penwell Energy, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 306 W. Wall, Suite 1300 Midland, Texas 79701				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,980' FSL & 1,650' FWL of Section 11, T-12-S, R-30-E				8. FARM OR LEASE NAME Mescalero Federal	
				9. WELL NO. #11-1	
				10. FIELD AND POOL, OR WILDCAT Graham Springs (Devonian)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-12-S, R-30-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 3997.9		12. COUNTY OR PARISH Chaves	
				13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

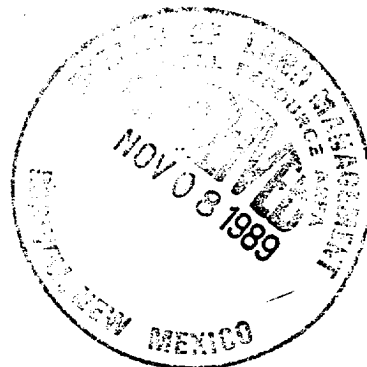
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

11-5-89 TD 7385', tripped for Bit #7;
Tested BOP's to 2,500#, everything tested OK.



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

SIGNED John D. Blyman
(This space for Federal or State office use)

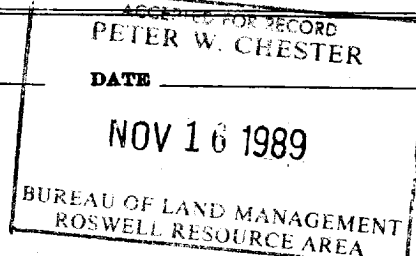
TITLE Secretary/Treasurer

DATE 11-7-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



*See Instructions on Reverse Side

RECEIVED
NOV 20 1989
OCD
HOBBS OFFICE