

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPlicate
to the nearest State Office
verse side)
Drawer DD

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

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Penwell Energy, Inc.		8. FARM OR LEASE NAME Mescalero Federal	
3. ADDRESS OF OPERATOR 306 W. Wall, Suite 1300 Midland, Texas 79701		9. WELL NO. 11-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1650' FWL of Section 11, T-12-S, R-30-E		10. FIELD AND POOL, OR WILDCAT Graham Springs (Devonian)	
14. PERMIT NO.		12. COUNTY OR PARISH Chaves	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 3997.9		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

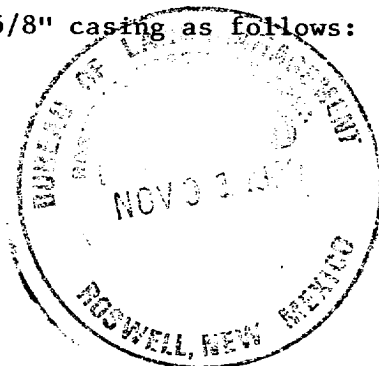
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

10-27-89 Ran 8 5/8" casing as follows:



1.01'
45.33'

1.45'
755.68'

2183.67

2987.14'

Shoe
1 jt. 8 5/8" 32#
K-55 ST&C csg.
Float collar
17 jts. 8 5/8" 32#
K-55 ST&C csg.
52 jts. 8 5/8" 24#
J-55 ST&C csg.

Overall length
set @ 2987'

Rigged up HOWCO and cemented 8 5/8" casing, circ. to surface

Cemented with 1550 sacks Alco Lite with 5 lbs. per sack of salt
1/4 per sack flow sill. Followed by 200 sacks of premium plus
with 2% calcium chloride. Circulated 128 sacks, bumped plug 4:45P.M.

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

SIGNED [Signature]

TITLE President

DATE 10-31-89

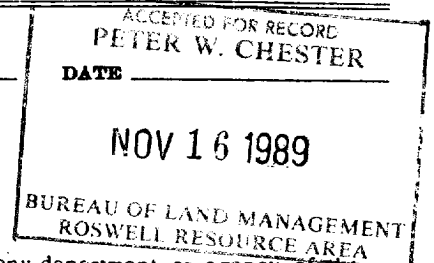
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side



NOV 29 1989
OCC
HHS OFFICE