

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B. 2229

7. Lease Name or Unit Agreement Name

MALMAR UNIT Tr. 2

8. Well No.

~~Tract 2~~ well # 11

9. Pool name or Wildcat

Maljamar Grayberg San Andres

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

2. Name of Operator

PENROC OIL CORPORATION

3. Address of Operator

P. O. Box 5970, Hobbs, NM 88241

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 12

Township 17S

Range 32E

NMPM Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4198.5 GR.

11. 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 ☐

OTHER: & RETURN WELL TO PRODUCTION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

JULY - AUGUST, 1992 : RU workover unit. Pull & check tubing. Test for casing integrity using BP & packer. Under a packer, acidize with 2000 gallons 15% NE-FE WS/ 30% xylene & scale inhibitor. Swab test and put well on production.

Implementing order # R-9210 - Letter dated April 22, 1991

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

SIGNATURE

Yohann Y. Merchant

TITLE

President

DATE

6/20/92

TYPE OR PRINT NAME

M. Y. Merchant

TELEPHONE NO.

(505) 397-3596

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Penroc Oil Corporation</i>	Well API No.
Address <i>P.O. Box 5970 Hobbs, NM 88241</i>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <i>Effective 10.13.90</i>	
If change of operator give name and address of previous operator <i>Southland Royalty Co. 21 Deste Dr. Midland Tx. 79701</i>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Malmar Unit Tr. 2</i>	Well No. <i>11</i>	Pool Name, Including Formation <i>Maljamar (G-SA)</i>	Kind of Lease State, Federal or Fee	Lease No. <i>B. 2229</i>
Location Unit Letter <i>K</i> : <i>1980</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i> Line Section <i>12</i> Township <i>17 S</i> Range <i>32 E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Texas New Mexico Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 2528 Hobbs NM 88240</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum Co. 66 Natl gas</i>	Address (Give address to which approved copy of this form is to be sent) <i>4001 Pentbrook, Odessa, 24 79762</i>
If well produces oil or liquids, give location of tanks. Unit <i>C</i> Sec. <i>13</i> Twp. <i>17 S</i> Rge. <i>32 E</i>	Is gas actually connected? <i>Yes</i> When? <i>N/A</i>

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Signature
Mohammed Yamin Merchant
Printed Name
Oct 16, 1990
Date
President
Title
(505) 397-3596
Telephone No.

OIL CONSERVATION DIVISION

Date Approved *OCT 17 1990*
By *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.