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U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Pennzoil Company	8. Farm or Lease Name Stanfield
3. Address of Operator P.O. Drawer 1828 - Midland, Texas 79702-1828	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>7-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4599.6 GR	12. County Curry

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIATION WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER _____

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

2-12-84 Ran 13 3/8" surface casing. Set @ 800'. Circulated cement to top.

2-14-84 Pressured up on plug, tested Hydril and choke manifold to 1000 psi. Held OK.

3-9-84 Ran 9 5/8" intermediate casing. Set @ 6150'.

3-11-84 Pressured up on 9 5/8" casing to 1000 psi. Held OK. Temp. Survey indicated top of cement at 4900' outside to 9 5/8" casing.

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

SIGNED [Signature] TITLE Engineering Assistant DATE 4-17-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 20 1984

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 19 1984
O.C.D.
HOBBS OFFICE