Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-007-20103

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
Canadian River 3219

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Coal Methane

2. Name of Operator
Pennzoil Exploration & Production Company

8. Well No.
341-A

3. Address of Operator
P.O. Box 2967, Houston TX 77252

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter A : 660 Feet From The North Line and 990 Feet From The East Line

Section 34 Township 32N Range 19E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
8168 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

9/10/91 Start of work.

1. No perforations. Fill well bore with 9.0 ppg gel mud.
2. Place 6 sks (50') surface plug w/class A @ 15.6 ppg.
3. Place well marker. Pits previously filled and location reclaimed.
4. Pipe left in well: 20' of 13 3/8" set @ 20'
   302' of 8 5/8", 24 lb/ft set @ 302'
   2444.4' of 5 1/2", 17 lb/ft set @ 2444.4

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

SIGNATURE L. D. Williamson TITLE Operations Superintendent DATE 9/11/91

TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED by Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 9-20-91

CONDITIONS OF APPROVAL, IF ANY: