

to Appropriate
District Office

Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. NA
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. NA
7. Lease Name or Unit Agreement Name Vermejo
8. Well No. 1-16
9. Pool name or Wildcat Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 8027 GR

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 Coal Methane	2. Name of Operator Pennzoil Exploration & Production Company
3. Address of Operator P.O. Box 2967, Houston, TX 77252	4. Well Location Unit Letter <u>P</u> : <u>938</u> Feet From The <u>South</u> Line and <u>514</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>30 N</u> Range <u>18 E</u> NMPM Colfax County

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: ☐

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.

4/17/90 Fill wellbore with fluid. Tag plug at 1710. Set CIBP at 1600' which is above open perms at 1634-37. Set 100' cement plug on CIBP with 24 sacks. Set 50' surface plug and marker with 12 sacks. Location cleared and leveled. Pit filled.

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 4/20/90TYPE OR PRINT NAME L. D. WilliamsonTELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DATE 4-26-90

CONDITIONS OF APPROVAL, IF ANY: