## ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
SANTA FE	
FILE	V
U.S.G.S.	
LAND OFFICE	
CHERATOR	

## OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 Revised 10-1-78

SANTA FE, NEW MEXICO 87501		
PILE V	5a. Indicate Type of Lease	
U.S.G.S.	State Fee	
OPERATOR	5, State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)		
I. OIL GAS Y OTHER-	7. Unit Agreement Name	
2. Name of Operator	8. Farm or Lease Name	
Pennzoil Company	Leandro Creek	
J. Address of Operator	9. Well No.	
P.O. Drawer 1139 Denver, Colorado 80201-1139	10. Field and Pool, or Wildcat	
4, Location of Well	Mildoot / Novembra	
UNIT LETTER,920FEET FROM THEWESTLINE AND120FEET FROM		
THE NORTH LINE, SECTION 18 TOWNSHIP 31N RANGE 18F HMPM		
15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
7920' GR	Colfax ()	
Check Appropriate Box To Indicate Nature of Notice, Report or Or NOTICE OF INTENTION TO: SUBSEQUEN	ther Data T REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB X		
OTHER		
OTHER		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1603.	g estimated date of starting any proposed	
1. Spudded on 12-10-84.		
2. Drilled 5 7/8" wellbore with air to 300' and change out drilling ri	gs.	
3. Opend 5 7/8" wellbore to 12 3/4" from surface to 22'.		
4. Ran one (1) joint 8 5/8" casing. Cemented with ten (10) sacks cemen	t by mix and dump from to	
5. Set 8 5/8" casing for better blow down control.		
6. WOC and prepared to drill ahead.		
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
aleneo William & Luna Title Drilling Superint ende Ge	DATE 3-26-85	
	OR 3 · 2 9 -81	
APPROVED BY TITLE TO APPROVAL IF ANY:	DATE / / /	