

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.
30-007-20074

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

Vermejo Park 3117

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Coal Methane

2. Name of Operator

Pennzoil Exploration & Production Company

8. Well No.

011-I

3. Address of Operator

P.O. Box 2967, Houston, Tx 77252

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter I : 1450 Feet From The South Line and 660 Feet From The East Line

Section 01

Township

31N

Range

17E

NMPM

Golfax

County

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

8065 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: ☐

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.

9/19/91 Estimated start of work.

1. Remove surface equipment, pull tubing.

2. Set CIBP @ 495' w/12 sks (108') class A @ 15.6 ppg.

3. Fill to surface w/gel mud.

4. Place 6 sks (50') surface plug w/class A @ 15.6 ppg.

5. Place well marker, fill pit, remove debris from location.

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

SIGNATURE

Operations Superintendent

DATE 8/12/91

TYPE OR PRINT NAME

L. D. Williamson

TELEPHONE NO.

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR

TITLE

DATE

8-29-91

CONDITIONS OF APPROVAL, IF ANY: