3-1
Submit 3 Copies
to Appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| -DISTRICT! P.O. Box 1920, Hobbs, NM \$2240 OIL CONSERVATION DIVISION P.O. Box 2088 | WELL API NO. |
|--|---|
| DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87504-2088 | 30-007-20074 5. Indicate Type of Lease |
| DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 | STATE FEE X 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 RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OLL WELL OTHER Coal Methane | 7. Lease Name or Unit Agreement Name Veme jo Park 3117 |
| 2. Name of Operator | 8. Well No. |
| Pennzoil Exploration & Production Company 3. Address of Operator | 011-I 9. Pool name or Wildcat |
| P.O. Box 2967, Houston, TX 77252 | Wildcat · |
| Unit Letter I: 1450 Feet From The South Line and 660 | Feet From The East Line |
| Section 01 Township 31N Range 17E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 8065 GR | NMPM Colfax County |
| 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 | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING | OPNS. DLUG AND ABANDONMENT X |
| PULL OR ALTER CASING CASING TEST AND CE | |
| OTHER: OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all perinent details, and give perinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 9/04/9.1 Start of work. 1. Remove surface equipment, pull tubing. 2. Set CIBP @ 475' w/12 sks (108') class A @ 15.6 ppg. 3. Fill to surface w/g9.2 ppg 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. 6. Pipe left in hole: 550' of 5 1/2", 17 1b/ft set @ 550' | |
| | |
| I hereby certify that the information above is true and somplete to the best of my knowledge and belief. | |
| SIGNATURE 1 - Derations Superintendent PATE 9//11/91 | |
| TYPEORPROTNUME L. D. Williamson | TELEPHONE NO. 376-2817 |
| APPROVED BY Ty Chokum DISTRICT SUPERVISOR 9-20-91 | |
| ATROVED BY TIME | DATE / // |