D Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised I-1-89

| | P.U. BOX 2088 Santa Fe, New Mexico, 87504-2088 | |
|---|---|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mex | | |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | | STATE FEE X 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR, USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: | EPEN OR PLUG BACK TO A R PERMIT | 7. Lease Name or Unit Agreement Name Van Bremmer Canyon 3018 |
| OIL OAS WELL OTHER COS | al Methane | |
| Pennzoil Exploration & Production Comp | pany | 8. Well No. 251-E |
| 3. Address of Operator P.O. Box 2967, Houston, Tx 77252 | | 9. Pool name or Wildcat Wildcat |
| 4. Well Location | | |
| Unit Letter E: 1120 Feet From The West Line and 1587 Feet From The North Line | | |
| Section 25 Township 30N | Range 18E Neither DF, RKB, RT, GR, etc.) | NMPM Colfax County |
| 7889 GR | einer Dr., RAB, RI, GR., Elc.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | |
| NOTICE OF INTENTION TO: | SUBS | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS | COMMENCE DRILLING | OPNS. PLUG AND ABANDONMENT X |
| PULL OR ALTER CASING | CASING TEST AND CEN | MENT 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. | | |
| 8/08/91 Start of work. 1. Set CIBP @ 1947' w/12 sks (108') class A cement @ 15.6 ppg. Fill to surface w/9.2 ppg. 2. Place 6 sks (50') surface plug w/class A cement @ 15.6 ppg. 3. Place well marker, fill pits remove junk and debris from location. Location may be used as a storage site. 4. Pipe left in hole: 42' of 11 3/4", 42 lb/ft set @ 42' | | |
| I hereby certify that the information about the part complice to the best of my knowledge and belief. SIGNATURE L. D. Williamson TELEPHONE NO. | | |
| (This space for State Use) | DISTRICT SUP | ERVISOR |
| CONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE 9-20-91 |