

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. 30-007-20082
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Van Bremmer Canyon 3018
8. Well No. 2526
9. Pool name or Wildcat Wildcat

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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>G</u> : <u>1374</u> Feet From The <u>East</u> Line and <u>2431</u> Feet From The <u>North</u> Line Section <u>25</u> Township <u>30 N</u> Range <u>18 E</u> NMPM Colfax County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7807 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: Shut-in ☒

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.

Testing complete, well shut-in waiting on pipeline.

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 4/26/90

TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO 505-376-2817

(This space for State Use)

APPROVED BY R. E. Johnson DISTRICT SUPERVISOR DATE 4-30-90

CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 4-30-91