## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

## OH CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30-007-20084
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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:  OIL  WELL  OTHER COA1 Methane	7. Lease Name or Unit Agreement Name Van Bremmer Canyon 3019
2. Name of Operator	8. Well No. 321-K
Pennzoil Exploration & Production Company  3. Address of Operator  B. O. Borro 2067, Harraton TV 77252	9. Pool name or Wildcat
P.O. Box 2967, Houston, TX 77252  4. Well Location	Wildcat
Unit Letter K : 1996 Feet From The West Line and 1867	Feet From The South
Section 32 Township 30N Range 19E 1	NMPM Colfax County
7641 GR	
11. Check Appropriate Box to Indicate Nature of Notice, Round NOTICE OF INTENTION TO:	eport, or Other Data SEQUENT REPORT OF:
DEDICORUM DE LIERUS DE LA COMPANION DE LA COMP	
TEMPORARILY ABANDON CHANCE PLANS	
PULL OR ALTER CASING  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONIMENT  CASING TEST AND CEMENT JOB	
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusions). SEE RULE 1103.	ling estimated date of starting any proposed
<ul> <li>7/22/91 Estimated start of work.</li> <li>1. Remove surface equipment, pull rods and tubing.</li> <li>2. Set CIBP @ 1915' and place 2 sks (18') class A cement</li> <li>3. Set CIBP @ 1735' and place 12 sks (108') class A cement surface with gel mud.</li> <li>4. Place 6 sks (50') surface plug with class A cement @ 1</li> <li>5. Place well marker, fill pits, remove junk and debris for equipment storage.</li> </ul>	nt @ 15.6 ppg onplub. Fill to
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I hereby certify that the information prove is true and tompfice to the best of my knowledge and belief.	
SIGNATURE TO THE SUPERITIONS S	perintendent DATE 7/9/91
TYPEORPRINTNAME L. D. Williamson	ТЕLЕРНОНЕ НО. 505-376-2
(This space for State Use)	
CONDITIONS OF APPROVAL IF ANY:	PERVISOR DATE 7-10-91