State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•	W41000 \$18 47
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT II P.O. Drawer DD, Artesia, NM 88210		WELL API NO.	
		30-007-20086	
		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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Van Bremmer Canyon 3019	
. Type of Well: OL OL WELL WELL	onex Coal	Methane	
Name of Operator Pennagi 1 Exploration	& Production Company	8. Well No. 322D	
. Address of Operator	Pennzoil Exploration & Production Company Address of Operator		9. Pool name or Wildcat
P.O. Box 2967, Houst	on, Tx 77252		Wildcat
	54 Feet From The West	Line and 1035	Feet From The North Lin
Section 32	Township 30N Ra	inge 19E	NMPM Colfax County
	10. Elevation (Show whether 7638 GR	DF, RKB, RT, GR, etc.)	
I. Check	Appropriate Box to Indicate 1	Nature of Notice R	enort or Other Data
			SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING [
IMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT	
JLL OR ALTER CASING	_	CASING TEST AND CE	EMENT JOB
THER:		OTHER:	
	rations (Clearly state all persinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
2/91 Start of work.		·	
	ent, pull rods and tubi		
	sks (18') class A @ 15.		to sumface with 22 harmal 1
@ 9.3 ppg.	sks (100) class A (d l	o ppg. Fill	to surface with 33 barrels gel
	face plug w/class A @ 1	5 6 220	
	11 pits, remove junk an		location
	42.7' of 11 3/4", 42 1b		
•	330' of 8 5/8", 24 1b/f		
	2077' of 5 1/2", 17 1b/		
All work completed 8/		-	
hereby certify that the information above in true	and complete to the best of my knowledge and be	ಲೆಡೆ.	
CONATURE 16	16/11/11/11/2019	Operations Su	perintendet 8/8/91

TYPE OR PRINT NAME

D. Williamson

TELEPHONE NO. 376-2817

CONDITIONS OF APPROVAL, IF ANY:

DATE

8/8/91

TITLE

Operations Superintendet

DATE

8/8/91

TITLE

DISTRICT SUPERVISOR

DATE

8-15-9/