Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

- <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO.
DISTRICTII	Santa Fe, New Mexico		30-007-20092 5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210			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"			7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)			Gachupin Canyon
I. Type of Well: OIL OAS WELL OTHER Coal methane			3019
2. Name of Operator			8. Well No.
Pennzoil Exploration and Production Company 3. Address of Operator			2010 9. Pool name or Wildcat
P.O. Box 2967, Houston, TX 77252			Wildcat
4. Well Location	, ,,,,,,		WI TOOK
Unit Letter 0 : 990	O Feet From The south	Line and	O Feet From The east Line
	20v	100	0.15
Section 20	Township 30N R	ange 19E DF, RKB, RT, GR, etc.)	NMPM Colfax County
	///// 7456 GR	,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check	Appropriate Box to Indicate	Nature of Notice, F	Report, or Other Data
NOTICE OF INT	• • •	· .	BSEQUENT REPORT OF:
PERSONA PENSONA MICRA	5.110.110.110.11		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. X PLUG AND ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND		EMENT JOB X	
OTHER:		OTHER:	
work) SEE RULE 1103. 5-27-89 Spud @ 0430, 6 H-40, ST&C con 5-28-89 Drill 11" hole casing w/226 a 6-4-89 Test casing and 6-5-89 Drill 7 7/8' ho 6-6-89 Complete loggin 380' plug botto	drill 14 3/4" hole to nductor w/150 sks clas to 333'. Run and set sks class "G" w/2% CaC d BOP w/600 psi for 30 ole to 1901'. Electri	21.5', run and s "G" w/3% CaC? 12 jts (328') 1 @ 15.8 PPG. min. No press c LOG. plugs class "Gug.	of 8 5/8", 24 1b, J-55, ST&C Bump plug w/500 psi. sure drop. G" cement @ TD', 1660',1460',and
I hereby certify that the information above is true	rand complete to the best of my knowledge and	belief.	
SIGNATURE I . W.	Kuman m	DERATION	5 54/AT DATE 6-29-89
TYPE OR PRINT NAME LARAY L	2 WILLIAMSON	✓	TELEPHONE NO. 505-376-2
(This space for State Use)	0		

DISTRICT SUPERVISOR 7-25-89