

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-007-20100

5. Indicate Type of Lease
STATE FEE

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
Valdez Canyon 2919

1. Type of Well:
OIL WELL GAS WELL OTHER Coal Methane

2. Name of Operator
Pennzoil Exploration & production

8. Well No.
071-C

3. Address of Operator
P.O. box 2967, Houston, TX 77252

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter G : 729 Feet From The North Line and 2084 Feet From The West Line
Section 07 Township 29N Range 19E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7813 Gr

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER: CASING TEST AND CEMENT 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.

- 9/11/91 Estimated start of work.
1. Set CIBP @ 1950' with 2 sks (18') class A @ 15.6 ppg on plug.
2. Set CIBP @ 1615' with 2 sks (18') class A @ 15.6 ppg on plug.
3. Set CIBP @ 945 with 12 sks (108') class A @ 15.6 ppg. Fill to surface with Gel mud.
4. Place 6 sks (50') surface plug with class A @ 15.6 ppg.
5. Place well marker, fill pits, remove junk and debris from location

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 7/09/91
TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO. 376-2817

(This space for State Use)
APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 7-10-91
CONDITIONS OF APPROVAL, IF ANY: