Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-007-20101
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
I. Type of Well: OIL OAS OTHER COA!	Methane	Cerrososo Canyon 2918
2. Name of Openior Pennzoil Exploration & Production Company		8. Well No. 111-D
3. Address of Operator P.O. Box 2967, Houston, Tx 77252 4. Well Location		9. Pool name or Wildcat Wildcat
Unit Letter D: 1022 Feet From The North	Line and	Feet From The West Line
Section 11 Township 29 N Ra 10. Elevation (Show whether 7924 GR 11. Check Appropriate Box to Indicate 1	DF, RKB, RT, GR, etc.)	NMPM Colfax County
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. DPLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
OTHER:	OTHER: Tempor	cary Abandonment X
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.		
Temporary abandonment status is requested for this well. The well was drilled, logged and cased on 8/1/89, but not perforated or completed. The well will be used for production of coal methane if testing proves the area to be economically viable for this process. Casing integrity test conducted 8/9/90 2:11 pm - 511 psia 2:44 pm - 508 psia		
33 minute pressure drop - 3 psi or less than 1%		
		•
I hereby certify that the information powe is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Operations Superintendent DATE 9/5/90		
TYPEORPRINTNAME L. D. Williamson		TELEPHONE NO. 505-376-281
(This space for State (Ose)		
APPROVED BY Try Ephine	DISTRICT SU	IPERVISOR 9-6-90