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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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30-007-20101

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
Cerroso Canyon 2918

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

2. Name of Operator
Pennzoil Exploration & Production Company

8. Well No.
111-D

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

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter D : 1022 Feet From The North Line and 792 Feet From The West Line
Section 11 Township 29N Range 18E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7924 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
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.

8/20/91 Start of work.

1. Remove surface equipment.
2. No perforations. Fill well bore w/9.3 lb/gal Gel mud.
3. Place 6 sks (50') surface plug w/class A @ 15.6 ppg.
4. Place well marker, remove junk and debris from location.
- t. Casing left in well: 336' of 8 5/8", 24 lb/ft set @ 336'
2505' of 5 1/2", 17 lb/ft set @ 2502'

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 9/5/91

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY Ry Johnson

DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

9-20-91