Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Energy, Minerals and Nat	tural Resoun		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-007-20100	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease	TATE FEE X
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410				6. State Oil & Gas Lease	
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 Ay Canadian Riv	erd Name er
1. Type of Well: OIL GAS WELL WELL	OTHER	Coal me	thane	3220	SEP 1 8 1995
2. Name of Operator Pennzoil Exploration 3. Address of Operator P.O. Box 2967, Hous		mpany		8. Well No. 291-I 9. Pool name or Wildcat Wildcat	OIL CONSERVATION DIV.
4. Well Location	30 Feet From The Eas	t	Line and 192		South Line
Section 29	Township 32N 10. Elevation (Show	Range	20E	NMPM Colfax	County
	8058 GR	whether Dr, K	AB, KI, GK, &c.)		
	k Appropriate Box to Ind NTENTION TO:	licate Natu		Report, or Other Data BSEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	RE	MEDIAL WORK	ALTE	RING CASING
TEMPORARILY ABANDON	CHANGE PLANS	co	MMENCE DRILLI	NG OPNS. X PLUG	AND ABANDONMENT
pull or alter casing		CA	SING TEST AND	CEMENT JOB X	
OTHER:		. 🗌 от	HER: Dri	lling completed	<u>X</u>
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent a	letails, and give	e pertinent dates, inc	luding estimated date of startir	ng any proposed
9-06-89 Spud. 9-08-89 Drill 12 1/2 ST&C casing tage.	" hole to 340". Set w/292 sks class G w				
9-09-89 Test casing 8 9-10-89 Drill 7 7/8" 9-11-89 Set and cemen	and BOP w/600 psi for hole to 2414'. Int 61 jts (2379.84') Plug down with 1000) 5 1/2"	' 17 1b. J-	55, LTC casing w	/400 sks silicalit g on completion
I hereby certify that the information above is to	/ // .		erations S	uperintendent pa	ле9/14/89
TYPE OR PRINT NAME I. D. S	Jilliameon				FOF 07/ 0017