نها درانه دورانه الها

| Submit 3 Copies to Appropriate District Office | | State of New Mexico Energy, Minerals and Natural Resources Department | | | Firm C-103 Revisid 1-1-89 | | | |
|--|--|---|-------------|-----------------------|---|-----------------|------------|--|
| DISTR P.O. B | CT 1 ox 1980, Hobbe, NM 88240 | OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | WELL API NO. 30-007-201 | 02 | | |
| DISTR P.O. D | CT II Frawer DD, Artesla, NM 88210 | | | | 5. Indicate Type | | FEE X | |
| DISTR 1000 F | NCT III No Brizos Rd., Aziec, NM 87410 | | | 6. State Oil & G: | STATE L. | FEE A | | |
| | SUNDRY NOTICES AND REPORTS ON WELLS | | | | | | | |
| | (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | 7. Lease Name or Unit Agreement Name Canadian River 3220 | | | |
| Off | /pe of Well: CL GAS WELL WELL | OTHER CO | | | | | | |
| Per | ume of Operator nnzoil Exploration (| & production Compar | | 8. Well No. 291-I | | | | |
| 3. Ac | 3. Address of Operator | | | | 9. Pool name or Wildcat | | | |
| | P.O. Box 2967, Houston, TX 77252 | | | | | Wildcat | | |
| | Unit Letter I : 3. Section 29 | Township 32N 10. Elevation (Show to 8058 Gr | Ra | | | m The South | County | |
| 11. | | Appropriate Box to Indi | icate l | | - | | | |
| | NOTICE OF IN | | | SUB | SEQUENT | REPORT OF: | - | |
| | ORM REMEDIAL WORK | PLUG AND ABANDON | لتا | REMEDIAL WORK | | ALTERING CASING | 3 <u>_</u> | |
| | DRARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING | OPNS. | PLUG AND ABAND | ONMENT [| |
| PULL | OR ALTER CASING | | | CASING TEST AND CE | MENT JOB | | | |
| OTHER | ₹: | | | OTHER: | | | | |
| 9/1 1. 2. | Place well marker. | rt of work. ill well bore with surface plug w/cla | gel ss A | mud. A @ 15.6 ppg. | | | d | |
| | | | | | | | | |
| | | | | | | | | |

| I hereby certify that the information above is true and complete to the best of my knowledge | e and belief. | | |
|--|---------------|----------------|-----------------------|
| SIGNATURE A 1 MILLE REPORTED TO | mu Operations | Superintendent | DATE 8/12.91 |
| TYPEOR PRINT NAME L. D. Williamson | | | TELEPHONE NO.376-2817 |
| APTROVED BY STROVAL IF ANY: | DISTRICT | SUPERVISOR | 8-29-9/ |