State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	
DISTRICT! P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-007-20102
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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.) 1. Type of Well:	7. Lease Name or Unit Agreement Name
	Canadian River 3220
OLL CAS Coal Methane	
2 Name of Operator Pennzoil Exploration & Production Company	8. Well No. 291 I
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 2967, Houston, TX 77252	Wildcat
4. Well Location	, wilded
Unit Letter 1 : 330 Feet From The East Line and 19	P20 Feet From The South Line
Section 29 Township 32 N Range 20 E	NMPM Colfax County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 8058 GR	
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER: OTHER: Tempo	erary Abandonment X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, is work) SEE RULE 1103.	scluding estimated date of starting any proposed
Temporary abandonment status is requested for this well. and cased on 9/11/89, but not perforated or completed. methane production if testing proves the area to be econ	The well will be used for coal
Casing integrity test conducted 8/9/90 11:00 am - 529 psia 11:30 am - 529 psia	· '
30 minute pressure drop - 0 psi	
	·
I hereby certify that the infoorthat of about the true and complete to the best of my knowledge and belief.	
SIGNATURE Operations	Superintendent DATE 9/5/90
TYPEORPRINT NAME L. D. Williamson	505-376-281 TELEPHONE NO.
(This space for State Mise)	
APPROVED BY NY ASKINING	DATE 9-6-90

CONDITIONS OF APPROVAL, IF MYS

ANTHORIZATION FOR MAINTENANCE IN SHUTUN DE LE SMPORARY ABANDONHEM E STATUS EXPIRES 9-4-905