

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.
30-077-20103

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Canadian River 3219

8. Well No.
341-A

9. Pool name or Wildcat
Wildcat

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:
OIL WELL ☐ GAS WELL ☐ OTHER Coal Methane

2. Name of Operator
Pennzoil Exploration & Production Company

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

4. Well Location
Unit Letter A : 660 Feet From The North Line and 990 Feet From The East Line
Section 34 Township 32N Range 19E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
8168 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.

9/17/91 Estimated start of work.

1. No perforations. Fill well bore with gell mud.
2. Place 6 sks (50') surface plug w/class A @ 15.6 ppg.
3. Place well marker. Pits previously filled and location reclaimed.

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 8/12/91

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY [Signature]

DISTRICT SUPERVISOR

TITLE

DATE 8-29-91

CONDITIONS OF APPROVAL, IF ANY: