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.
30-007-20087

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
Van Bremmer Canyon 2919

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

2. Name of Operator
Pennzoil Exploration & Production Company

8. Well No.
041-D

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

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter D : 63 Feet From The West Line and 479 Feet From The North Line

Section 04 Township 29N Range 19E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7538 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☒	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

7/19/91 Esitmated start of work.
1. Remove surface equipment, pull rods and tubing.
2. Set CIBP @ 1615 with 12 sks (108') class A @ 15.6 ppg. Fill to surface with Gel mud.
3. Place 6 sks (50') surface plug with class A@ 15.6 ppg.
4. Place well marker, fill pits, remove junk and debris from location.

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 7/09/91

TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO 376-2817

(This space for State Use)

APPROVED BY Ray Edelman TITLE DISTRICT SUPERVISOR DATE 7-10-91

CONDITIONS OF APPROVAL, IF ANY: