

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 88011

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 25 1989

WELL API NO.
30-007-20099

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Coal Methane

2. Name of Operator

Pennzoil Exploration and Production Company

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

4. Well Location

Unit Letter J : 1336 Feet From The South Line and 1435 Feet From The East Line

Section 1

Township 29N

Range 18E

NMPM

Colfax

County

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

7917 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: Drilling completed ☒

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.

8-15-89 Spud.

8-16-89 Drill 12 1/4" hole to 335'. Set and cement 12 jts (329.07') 8 5/8", 24 lb. J-55, ST&C casing w/278 sks class G w/2% CaCl @ 15.8 ppg. Cement to surface. Plug down @ 1230'.

8-17-89 After 11 hrs test BOP and casing w/600 psi for 30 min. No pressure drop.

8-19-89 Drill 7 7/8" hole to 2612'.

8-20-89 Set and cement 95 jts (2534') 5 1/2", 17 lb. J-55, LT&C casing w/390 sks silicalite @ 11.0 ppg. Bump plug w/1000 psi. Cement to surface. Waiting on completion.

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 8-21-89

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 8-28-89

CONDITIONS OF APPROVAL, IF ANY: