

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.

30-007-20106

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 & Production Company

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

8. Well No.

321-I

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter I : 1195 Feet From The East Line and 1950 Feet From The South LineSection 32 Township 31N Range 18E NMPM Golfax County

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

8593 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.

8/26/91 Estimated start of work.

1. Remove surface equipment, pull rods and tubing.

2. Set CIBP @ 1535' with 12 sks (108') class A @ 15.6 ppg.

3. Fill to Surface with Gel mud.

4. Place 6 sks (50') surface plug with class A @ 15.6 ppg.

5. 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. Willilamson TITLE Operations Superintendent DATE 7/09/91TYPE OR PRINT NAME L. D. Willilamson TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 7-10-91

CONDITIONS OF APPROVAL, IF ANY: