

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.	30-007-20110-00
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

CANADIAN RIVER

8. Well No. 3119-011B

9. Pool name or Wildcat
VERMEJO COAL

1. Type of Well:

OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator

PENNZENERGY, L. L. C.

3. Address of Operator

P. O. BOX 4616; Houston, TX 77210

4. Well Location

Unit Letter B : 911 Feet From The NORTH Line and 1714 Feet From The EAST Line

Section 01 Township 31N Range 19E NMPM COLFAX County

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

GR: 8261.33

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: Operator name change ☒		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.

LEASE OPERATOR, FORMERLY "PENNZOIL EXPLORATION AND PRODUCTION COMPANT" HAS CHANGED NAME TO
"PENNZENERGY, L. L. C." AS OF JANUARY 1, 1999. PennzEnergy wishes to remain active
the existing APD under new operator name.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE DR Lankford TITLE PETROLEUM ENGINEER DATE MARCH 18, 1999

TYPE OR PRINT NAME DONALD R. LANKFORD TELEPHONE NO. (713)546-4601

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3/22/99

CONDITIONS OF APPROVAL, IF ANY: