Submit 3 Copies to Appropriate District Office	State of New Mexico Egy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088; pived Santa Fe, New Mexico 87504-2088		Form C-103 C
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II			WELL API NO. 30-015-00281
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	SEP 2 0 1993		5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name ATOKA SAN ANDRES UNIT
ART X MET OVS	OTHER		
2. Name of Operator PENNZOIL PETROLEU	M COMPANY		134
3. Address of Operator P.O. BOX 50090M	idland, TX 79710-0090)	9. Pool name or Wildcat Atoka San Andres
4. Well Location Unit Letter B: 330 Feet From The North Line and 1650 Feet From The East Line			
Section 15	Township 18S Ra	nge 26E DF, RKB, RT, GR, etc.)	NMPM Eddy County
11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data			
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 C		EMENT 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.			
Drill out cast iron bridge plug at \pm 1449' Run tubing, pump & rods Put well to pumping.			
BRUSHY			
STATE OF THE PARTY	\checkmark		
dent force,	164		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Signature	Janson	Sr. Account	ant

TYPE OR PRINT NAME ROY R. Johnson (915) 682-7316 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT 17 TITLE DATE

CONDITIONS OF APPROVAL, F ANY: