

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. 30-015-00281
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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

2. Name of Operator
PENNZOIL EXPLORATION & PRODUCTION COMPANY

3. Address of Operator
P O BOX 50090 MIDLAND TEXAS 79710-0090

4. Well Location
Unit Letter B : 330 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 15 Township 18S Range 26E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3343' DF

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: TEMPORARILY ABANDON ☒

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.

9/27/96 POOH w/production equipment
Set CIBP @ 1415' & release tubing
Circ hole w/40 bbls FW mixed w/5 gals Unichem TH-377, ND BOP NU wellhead.
Ran Mechanical Integrity test @ 410# for 20 mins. Lost 30#. State man
on location & approved test. POH w/tbg & setting tool, lay down tbg.
RD MO rig.

RECEIVED

OCT - 4 1996

This Approval of Temporary
Abandonment Expires 9/27/2001

OIL CON. DIV.
DIST. 2

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

SIGNATURE Sharon Hindman TITLE Production Assistant DATE 10/03/96
TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use)

APPROVED BY [Signature] TITLE Deputy District Inspector DATE 10-16-96
CONDITIONS OF APPROVAL, IF ANY:

