

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.

30-015-00286

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

ATOKA SAN ANDRES UNIT

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

PENNZOIL EXPLORATION & PRODUCTION COMPANY

8. Well No.

132

3. Address of Operator

P O BOX 50090 MIDLAND TEXAS 79710-0090

9. Pool name or Wildcat

ATOKA (SAN ANDRES)

4. Well Location

Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West Line

Section 14

Township 18S

Range 26E

NMPM

Eddy

County

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

3323' 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. ☐

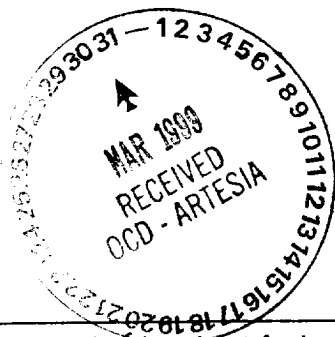
PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

MIRU pull all equipment, rods & tubing. Run pkr and set @ 1400'.  
Test csg. to 500#. Pull out of hole w/pkr. and run back in to set  
CIBP @ 1400'. Circulate pkr. fluid and run test and chart at 300 psi  
for 15 minutes.



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 3/29/99

TYPE OR PRINT NAME

Sharon Hindman

915 686-3505  
TELEPHONE NO.

(This space for State Use)

APPROVED BY

*Messersmith*

TITLE

Field Rep. II

DATE

4-9-99

CONDITIONS OF APPROVAL, IF ANY: