Subrait 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-100 U
	d 1-1-89

P.O. Box 1980, Hobbs, NM \$8240

P.O. Box 2088

OIL CONSERVATION DIVISION

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WELL API NO.	
30-019-29188	
20011 111100	_

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lee STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) ATOKA SAN ANDRES UNIT 1. Type of Well: GAS WELL MET A OTHER 2. Name of Operator 8. Well No. 162 PENNZOIL EXPLORATION & PRODUCTION COMPANY 3. Address of Operator 9. Pool same or Wildox ATOKA SAN ANDRES P O BOX 50090 MIDLAND TEXAS 7971.0-0090 Well Location NORTH 375 WEST 175 Unit Letter . Feet From The Feet From The 14 18S EDDY Section Township **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3321**'** Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** AMEND PERMIT OTHER: CHANGE ORIGINAL LOCATION OF WELL 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.

Pennzoil wishes to change original location of well submitted on permit from 375' FNL & 375' FWL to 175' FNL & 375' FWL. See copy of attached plat.



I hereby certify that the i	aformation above is true and complete to the best of my knowledge	and belief			
SIGNATURE	planmation above is true and complete to the best of my knowledge Majon Vindona	me	Production Assistant	DATE 9/12	/97 915
TYPE OR FRENT NAME	Sharon Hindman			TELEPHONE NO.	686-350

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR AFTROVED BY

SEP 1 7 1997

