

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY FEB 11 1987 O.C.D. ARTESIAN CORP.</div>	5. LEASE DESIGNATION AND SERIAL NO. LC-065421
2. NAME OF OPERATOR Pennzoil Co. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 1828 - Midland, Texas		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660 FWL of Sec. 11, T-24-S, R-26-E		8. FARM OR LEASE NAME O'Neill Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3299' GL	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Black River-Bone Spring Gas
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 11, T-24S, R-26E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

REPORT OF SHUT-IN GAS WELL

*Jim* We respectfully request an extension to the temporary abandonment of the subject well under provisions of rule 202-B (1) for the reason shown below.

This well produces Sour Gas and a market is not presently available.

*Recommended for approval with the stipulation that the operator submit a plan for a Casing integrity test on a Sundry Notice. The Carlsbad office will be notified in time for a Field inspector to witness the test.*

18. I hereby certify that the foregoing is true and correct

SIGNED <i>Randy M. Wood</i>	TITLE <i>Petroleum Engineer</i>	DATE <i>2/6/87</i>
(This space for Federal or State office use)		
APPROVED BY <i>Orig: Sgd. Charles S. D... CONDITIONS OF APPROVAL ANY</i>	TITLE	DATE <i>2-9-87</i>

\*See Instructions on Reverse Side