

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-007-20103

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

Canadian River 3219

1. Type of Well:
OIL WELL GAS WELL OTHER Coal Methane

8. Well No.

341 A

2. Name of Operator
Pennzoil Exploration & Production Company

9. Pool name or Wildcat

3. Address of Operator
P.O. Box 2967, Houston, TX 77252

Wildcat

4. Well Location
Unit Letter A ; 660 Feet From The North Line and 990 Feet From The East Line

Section 34 Township 32 N Range 19 E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
8168 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: Temporary Abandonment

ALTERING CASING
PLUG AND ABANDONMENT

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.

Temporary abandonment status is requested for this well. The well was drilled, logged and cased on 9/11/89, but not perforated or completed. The well will be used for coal methane production if testing proves the area to be economically viable for this process.

Casing integrity test conducted 8/9/90
12:05 pm - 540 psia
12:35 pm - 540 psia
c0 minute pressure drop - 0 psi

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

SIGNATURE L. D. Williamson TITLE Operations Superintendent DATE 9/5/90

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-6-90

CONDITIONS OF APPROVAL, IF ANY:

R-9210

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 9-6-95