

Submit 3 Copies  
to Appropriate  
District Office

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CON. DIV

Form C-103  
Revised 1-1-89

WELL API NO.

30-015-00281

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

ATOKA SAN ANDRES UNIT

8. Well No.

134

9. Pool name or Wildcat

ATOKA (SAN ANDRES)

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: ☐

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.

It is proposed to temporarily abandon the subject well as follows:

1. POOH with production equipment.
2. Set CIBP at 1450' ± (top perforation at 1496').
3. Circulate hole with packer fluid.
4. Test casing to 500 psi.

Proposed work is projected to start by August 15, 1996.

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 7/1/96

TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 2 1996

CONDITIONS OF APPROVAL, IF ANY: