State of New Mexico Energy, Minerals and Natural Resources Department

Form C-165

3 Copie to Appropriate District Office
DISTRICT I P.O. Box 1980,
DISTRICT II

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O.	WELL API NO.	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 2149	
P.O. Drawer DD, Artesia, NM \$8210	5. Indicate Type o		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	1		
SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 'DIFFERENT RESERVOIR. USE "APPLICATIVE (FORM C-101) FOR SUCH PROPO	ACK TO A 7. Lease Name or		
1. Type of Well: Oil. X GAS OTHER	1	Phillips	s-State (B)
2. Name of Operator		8. Well No.	
Pennzoil Exploration and Production 3. Address of Operator	n co.	9. Pool same or V	Vildcat
P.O. Drawer 1828 - Midland, TX 79	702-1828	Maljam	nar G-SA
4. Well Location Unit Letter I : 1980 Peet Prom The SO	uth Time		The East Line
			_
Section 19 Township 17-S	Range 33-E	NMPM CP. etc.)	Lea County
4116'		, OK, SC.)	
11. Check Appropriate Box to	Indicate Nature of	Notice, Report, or Other	Data
NOTICE OF INTENTION TO:		SUBSEQUENT P	REPORT OF:
PERFORM REMEDIAL WORK - PLUG AND ABAND	ON X REMEDIA	L WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMEN	CE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING T	TEST AND CEMENT JOB	
OTHER:	OTHER:_		
12. Describe Proposed or Completed Operations (Clearly state all pertin	nent details, and sive pertina	ent dates, including estimated date of	f starting any proposed
work) SEE RULE 1103.			,
P&A Well Per The Attac 1) Set CIBP @ 4000' w/35' cmt. 2) Load hole w/brine mud. 3) Cut and pull 5½" from 1400' 4) Set 50 sk stub plug 50' in and ou 5) POOH to 390' and circulate cement 6) Install marker & restore location	t of stub. Tag to surface usi	with tubing.	
	and the second of the second o	ACADA ESTA TORIO DE COLOR DE C	T 19 13
I hereby cartify that the information above is true and complete to the best of my	knowledge and belief.		
MONATURE Kome M HOOM	ms _Engi	neer	DATE 1119191
Randy M. Hodgins	-		TELEPHONE NO.
(This space for State Use)	<u>, , , , , , , , , , , , , , , , , , , </u>		NOV 2 / 12
APPROVED BY	mu		DATE
CONDITIONS OF APPROVAL, IF ANY:			