Submit 3 Copies to Appropriate District Office

## - State of New Mexico

Energy, Mi

s and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

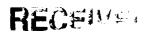
**OIL CONSERVATION DIVISION** 

P.O. Box 2088 anta Fe, New Mexico 87504-2088	WELL API NO. 30-025-05239		
	5. Indicate Type of Lease		

P.O. Box 1980, Hoods, NM 88240	P.O. Box 20		30-025-05239
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. 53517
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERV	CES AND REPORTS ON WEI POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER.		LEA "G" STATE
2. Name of Operator			8. Well No.
PENNZOIL PETROLEUM CO  3. Address of Operator	MPANY		9. Pool name or Wildcat
P O BOX 50090, MIDLAN	D, TEXAS 79710-0090		DENTON (DEVONIAN)
4. Well Location			
Unit Letter0 :660	Feet From The South	Line and1980	O Feet From TheEast Line
Section 2	Township 15 S Ra	unge 37 E N	IMPM Lea County
	10. Elevation (Show whether 3796 'GL		MAIN DEA
11. Check A	ppropriate Box to Indicate	Nature of Notice, Re	port, or Other Data
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:	·	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.  Perf Devonian 11756-60', 11795-96', 11826-28', 11830-36', 11840-44', and 11850-52' w/2  JHPF (50 holes) as per El Toro Perforators Radioactivity Log dated 6/18/71 (log section attached).			
RIH w/RBP, ret pkr &	tbg. Set RBP at 1187	0'+/- and ret pk	r at 11740'+/
	h 500 gal gelled brin		acid at 5-6 BPM. Max P of ck salt. Flush to bottom perf
Swab back acid water.			
POH w/RBP, ret pkr &	tbg.		
RIH w/submersible pum 11000'+/	p on 2 7/8" tbg as pe	r vendor's recom	mendation. Set pump intake at
I hereby certify that the information above is true a	nd complete to the best of my knowledge and	belief.	
SIGNATURE Sharon K	Nindman III	r Production Ass	sistant <u>DATE 6/13/94</u>
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)		OF DRIVERS OF	yy - y 70% HIM 4 ≥ 400/

JUN 15 1994

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:



JUNE 1 5 1

OCL 4100 OFFICE