## ENERGY AND MINERALS DEPARTMENT

| wa. ar Carica Accrives                       | 1           |   |
|--|-------------|---|
| DISTRIBUTION                                 | 1           |   |
| IANTA FE                                     | 1           |   |
| FILE   | $\top$      |   |
| U.S.G.S.                                     | $\top$      |   |
| LAND OFFICE                                  |             | _ |
| C. B. C. | <del></del> |   |

CONDITIONS OF APPROVAL, IF ANY:

## C ONSERVATION DIVISION P. O. BOX 2088

Form C-103 75

| FILE  |                             |                           | SANTA F                               | E, NEV       | MEXICO              | 87501              |             | Revised 10-1  |               |   |  |
|---|-----------------------------|---------------------------|---------------------------------------|--------------|---------------------|--------------------|-------------|---------------|---------------|---|--|
| U.S.G.S.  |                             |                           |                                       |              |                     |                    |             | Sc. Indicate  | Type of L     | ease                                      |  |
| LAND OFFICE   |                             |                           |                                       |              |                     |                    |             | State         | 7             | Foo X                                     |  |
| OPERATOR .  |                             |                           |                                       |              |                     |                    |             | 5. State Off  | i<br>i Gas Le |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
| (DO NOT USE THIS F  | SUNDRY                      | NOTICES                   | AND REPO                              | RTS ON       | WELLS               | RENT RESERVO       | in.         |               | TIII:         |   |  |
| I. CIL X EAS  |                             | OTHER.                    |                                       | <del> </del> |                     |                    |             | 7. Unit Agree | ement Na      | we .                                      |  |
| 2. Ivame of Operator  |                             | 01811                     |                                       | <del></del>  |                     |                    | <del></del> |               |               |   |  |
| Pennzoil (  | Company                     |                           |                                       |              |                     |                    |             | 8. Form or L  |               | е   |  |
| 3. Address of Operator                                      |                             |                           |                                       |              | <del></del>         |                    |             | <del></del>   | ^sen          |   |  |
| P. O. Drav  | ver 1828,                   | Midland                   | , Texas                               | 79702-       | 1828                |                    |             | 9. Well No.   | ,             |   |  |
| 4. Location of Well   |                             | <del></del>               | · · · · · · · · · · · · · · · · · · · |              |                     | · <del>·</del>     | <del></del> | 2             |               |   |  |
| 0   | 130                         | Λ                         | C                                     | ٠٠           |                     |                    |             | 10. Field and | Febl, of      | Wildest                                   |  |
| UNIT LETTER O   | · <del></del> • <del></del> | VFEEY                     | FROM THE                              | outh         | LINE AND            | 1650               | FEET FROM   | Shir          | p Str         | awn                                       |  |
| THE East  |                             | Д                         |                                       | 17 C         |                     |                    |             |               |               |   |  |
|   | CINC, SECTION               | <del></del>               | TOWNSHIP                              | 1/-3         | RANGE _             | 3/-E               | NEPM.       |               |               |   |  |
|   | 777777                      | 15. 1                     | Elevation (Shor                       | w whether    | DF, RT, GR, e       |                    |             |               |               |   |  |
| X   |                             |                           |                                       |              |                     | :::::)             |             | 12. County    |               | W. C. |  |
| 16.   | 777777                      | 77777                     | 3773.9 G                              |              |                     | ·                  | ··          | <u>Lea</u>    |               |   |  |
|   | Check Ap                    | propriate                 | Box To Inc                            | licate N     | ature of No         | otice, Repo        | ort or Oth  | er Data       |               |   |  |
| . NOTI  | CE OF INT                   | ENTION T                  | 0:                                    |              |                     | SUBS               | SEQUENT     | REPORT        | F:            |   |  |
|   | 7                           |                           |                                       |              |                     |                    |             |               | •             |   |  |
| PERFORM REMEDIAL WORK                                       | 닉                           |                           | PLUG AND ABA                          | 100H         | REMEDIAL WO         | RK .               |             | <b>A</b> L    | TERING CA     |   |  |
| TEMPORARILY ABANDON   | =                           |                           |                                       |              | COMMENCE DR         | ILLING OPHS.       | Ħ           |               |               | ANDONMENT                                 |  |
| PULL OR ALTER CASING  | J                           |                           | CHANGE PLANS                          |              | CASING TEST         | AND CEMENT JQ      | ı X         | ,             |               | ANDONMENT                                 |  |
|   |                             |                           |                                       |              | OTHER               |                    |             |               |               | -   |  |
| OTHER   |                             |                           |                                       | 🗆 l          |                     |                    |             |               |               |   |  |
| 17. Describe Proposed or Co work) SEE RULE 1103.  11-23-85: |                             |                           |                                       |              |                     |                    |             |               |               | g any profise                             |  |
|   | class                       | 'H" w/1%                  | FL-19 mix                             | c casi       | ng. Set<br>5.6 ppg. | @ 11 <b>,</b> 280' | cement      | ed w/400      | SX            |   |  |
| 11-27-85:   | WOC mor<br>casing           | re than 7<br>to 3000#     | 2 hours.<br>. Tested                  | TOC @        | 9612' by            | cement b           | ond log     | . Tested      |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       |              |                     | •                  |             |               |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       | •            |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       |              |                     | -                  |             |               |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             | ٠             |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       |              |                     | **                 |             |               |               |   |  |
|   |                             |                           | ,                                     |              |                     |                    |             | -             |               |   |  |
|   | •                           |                           |                                       |              |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |
| 18, I hereby certify that the in                            | ode notteenrole             | ve is true and            | complete to t                         | he beat of   | my knowled.         | and bills          |             |               |               | - <u>-</u>                                |  |
| × .   | 110                         | , , , , , , , , , , , , , | ,                                     | - 5021 01    | mi zuomiedie        | and belief.        |             |               |               |   |  |
| X   | WW.                         | oden da                   |                                       | Δ۵۰          | / Fnan T            | och                |             |               |               |   |  |
| - in an analys  | , , , , , , ,               | 1                         | Y17                                   | ιε <u></u>   | /. Engr. T          | ecn.               |             | DATE          | 12-2-         | -85                                       |  |
| . OBIOMIAI SU   | CAIEN DY -                  | ATVES VOE                 | At                                    |              |                     |                    |             |               |               |   |  |
| ORIGINAL SH   | . <b></b>                   |                           | TT                                    |              |                     |                    |             | DE DE         | C 5           | 10RK                                      |  |
| APPROVED BY   | CT   SUPER                  | V-C                       | Mich TIT                              | LE           | <del></del>         |                    |             | DATE UE       | <u>. u</u>    | - 1303                                    |  |
|   |                             |                           |                                       |              |                     |                    |             |               |               |   |  |

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DEC 4- 1985

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