to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

-Dizikicii

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO.
DISTRICTI	Santa Fe, New Mexico 87504-2088		30-007-20095
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	•		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			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
1. Type of Well:			Castle Rock Park 3118
WELL COAL Methane			
2. Name of Operator Pennagoi 1. EVnlorestion 6. Burstonia G			8. Well No.
Pennzoil EXploration & Production Company 3. Address of Operator			311-M
P.O. Box 2967, Houston, TX 77252			9. Pool name or Wildcat
4. Well Location			Wildcat
Unit Letter M : _ 747	Feet From The South	Line and990	O Feet From The West Line
Section 31	Township 31N Ra	nge 18E	NMPM Colfax County
	10. Elevation (Show whether)	DF, RKB, RT, GR, etc.)	MMPM Colfax County
11. Check Apr	propriate Box to Indicate 1	Vature of Motice D	
NOTICE OF INTEN	ITION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	ALTERING CASING
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:			
12 Describe Beneaut on G		OTHER:	
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all persinent details, and	d give pertinent dates, includ	ling estimated date of starting any proposed
9/02/91 Estimated start of work.			
1. Remove surface equipment, pull rods and tubing.			
2. Set UIBP ($\alpha 1//4$ with 2 sks (18)) class A 0 15 6			
3. Set CIBP @ 1530' with 12 sks (108') class A @ 15.6 ppg. Fill to surface with Gel mud. 4. Place 6 sks (50') surface plug with class A @ 15.6 ppg.			
5. Place well marker, fil	I pits, remove junk	and debris fro	m location.
	•		
I hereby certify that the information above there and con	office the best of my knowledge and he	lief	
SIGNATURE A MILL			erintendent DATE 7/09/91
TYPEORPRINTNAME L. D. Williams			DATE 1/07/91

TELEPHONE NO. 376-2817 (This space for State Use) APPROVED BY.

CONDITIONS OF APPROVAL, IF ANY: