State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I P.O. Box 1980, Hobbe, NM 88240 | OIL CONSERVATION P.O. Box 20 | | WELL WINON |
|---|---|--|---|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | P.O. Box 2088, Santa Fe, New Mexico 87504- | | 30-007-20097 5. Indicate Type of Lease STATE FEE X |
| DISTRICT III | • | | |
| 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 Castle Rock 3117 |
| I. Type of Well: OIL OAS OTHER Coal Methane | | | · |
| 2. Name of Operator | | | 8. Well No. |
| Pennzoil Exploration & Production Company 3. Address of Operator | | | 9. Pool name or Wildcat |
| P.O. Box 2967, Houston, TX 77252 | | | Wildcat |
| 4. Well Location Unit Letter _G : _24 | 34 Feet From The North | Line and 2394 | Feet From The East Line |
| Section 14 | Township 31N R | ange 17E | NMPM Colfax County |
| | 10. Elevation (Show whether | DF, RKB, RT, GR, etc.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | |
| | | SSEQUENT 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 C | · · |
| OTHER: | | OTHER: Convert to water well | |
| 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. | | | |
| 8/30/91 Date of work. 1. Remove surface equipment, rods, and downhole pump. 2. Pipe left in hole: 46.5' of 11 3/4", 42 1b/ft set @ 46.5' 330' of 8 5/8", 24 1b/ft set @ 330' 1113' of 5 1/2", 17 1b/ft set @ 1113' 1030' of 2 7/8" tubing 3. Cleaned up location, removed junk, set well up as an artesian water well for the ranch | | | |
| I hereby certify that the information above is true sell complication the best of my knowledge and belief. | | | |
| SIONATURE Operations Superintendent DATE 9/11/91 | | | |
| | illiamson | | TELEPHONE NO. 376-2817 |
| (This space for State Upt) | 1 /) | | 3/0-281/ |
| Tu Cha | hum | DISTRICT SU | IPERVISOR 9-20-9/ |
| APPROVED BY | - m | Part of the state of the | TA CONTROL DATE |