

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-007-20105

5. Indicate Type of Lease

STATE ☐FEE ☒

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

1. Type of Well:

OIL
WELL ☐GAS
WELL ☐

OTHER Coal Methane

2. Name of Operator

Pennzoil Exploration & Production Company

8. Well No.

271 G

3. Address of Operator

P.O. Box 267, Houston TX 77252

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter G : 1750 Feet From The North Line and 2089 Feet From The East LineSection 27Township 31 NRange 17 E

NMPM

Colfax

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

8710

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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: Drilling completed. ☒

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.

5-13-90 Spud. Drill 17 1/2" hole to 9'. Set 13 7/8" conductor.

5-14-90 Drill 12 1/4" hole to 340'.

5-15-90 Set and cement 12 jts (330') 8 5/8", 24 lb, J-55, ST&C casing w/250 sks class G w/2% CaCl @ 15.8 ppg. Bump plug w/500 psi. Cement to surface.

5-17-90 Drill 7 7/8" hole to 1993'. Load hole with mud.

5-18-90 Log. Set and cement 66 jts (1869') 5 1/2", 17 lb, J-55 LT&C casing w/300 sks silicalite @ 11.5 ppg. Cement to surface. Bump plug w/500 psi. Well shut in waiting on completion.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

min Operations Superintendent

DATE 6/01/90

TYPE OR PRINT NAME

L. D. Williamson

TELEPHONE NO. (505) 376-281

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR

TITLE

DATE

6-5-90

CONDITIONS OF APPROVAL, IF ANY: