

DISTRICT I  
P.O. Box 1920, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.  
30-007-20107

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Castle Rock 3118

8. Well No.  
322-F

9. Pool name or Wildcat  
Wildcat

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Coal Methane

2. Name of Operator  
Pennzoil Exploration & production Company

3. Address of Operator  
P.O. Box 2967, Houston, TX 77252

4. Well Location  
Unit Letter F : 1713 Feet From The North Line and 1753 Feet From The West Line

Section 32 Township 31 N Range 18 E NMPM Colfax County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
8684 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

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.

8/28/91 Start of work.

1. Remove surface equipment, pull rods and tubing.

2. Set CIBP @ 1651' w/12 sks (108') class A @ 15.6 ppg. Fill to surface w/9.3 ppg Gel mud.

3. Place 6 sks (50') surface plug w/class A @ 15.6 ppg.

4. Place well marker, fill pits, remove junk and debris.

5. Casing left in well: 22' of 13 3/8" set @ 22',  
326' of 8 5/8" 14 lb/ft set @ 326',  
2140' of 5 1/2" 17 lb/ft set @ 2140'.

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

SIGNATURE L. D. Williamson

TITLE Operations Superintendent DATE 9/05/91

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY Ry E. Johnson

TITLE DISTRICT SUPERVISOR

DATE 9-20-91

CONDITIONS OF APPROVAL, IF ANY