

91-3  
Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, 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.

30-007-20109

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Castle rock 3017

8. Well No.

161-H

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 H : 1651 Feet From The North Line and 671 Feet From The East Line

Section 16

Township 30N

Range 17E

NMPM

Colfax

County

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

9139 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.

8/14/91 Estimated start of work.

1. Remove surface equipment, pull rods and tubing.

2. Set CIBP @ 2515' with 12 sks (108') class A @ 15.6 ppg. Fill to surface with Gel mud.

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

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

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 7/09/91

TYPE OR PRINT NAME

L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY R. E. Johnson

DISTRICT SUPERVISOR

DATE 7-10-91

CONDITIONS OF APPROVAL, IF ANY