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. 30-007-20073

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: Leandro Creek 3118

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

2. Name of Operator: Pennzoil Exploration & Production Comapny

8. Well No. 181 D

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

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter D : 120 Feet From The North Line and 920 Feet From The West Line

Section 18 Township 31N Range 18E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7920

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

NOTICE OF INTENTION TO:				SUBSEQUENT 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 CEMENT JOB	☐		
OTHER:	☐			OTHER: Change 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.

Pennzoil

Change Well number to standard ~~state~~ system. New well name and number:

Lease Name --Leandro Creek 3118
Well No.--181 D

RECEIVED
JUL 10 1989
OIL CONSERVATION DIV.
SANTA FE

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

SIGNATURE L. D. Williamson TITLE Dept of Engr DATE 7-5-89

TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY Roy E Johnson TITLE DISTRICT SUPERVISOR DATE 7-17-89

CONDITIONS OF APPROVAL, IF ANY: