EUSTACE

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-007-20076

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: NA

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

2. Name of Operator: Pennzoil Exploration & Production Company

8. Well No.: Eustace #1

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

9. Pool name or Wildcat: Wildcat

4. Well Location

Unit Letter J : 2500 Feet From The South Line and 2300 Feet From The East Line

Section 36 Township 32 N Range 19 E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.): 8069 GR

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:	☐		

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.

4-20-90 Set CIBP @ 1850'. Set 100' cement plug w/ 12 sks of class A @ 15.6 ppg from 1850' to 1750'. Fill hole with 8.8 ppg Bentonite mud. Set 100' cement plug w/12 sks of class A @ 15.9 ppg from 975 to 875 across known casing leak. Set CIBP @ 850'. Set 50' surface plug and marker w/6 sks class A 15.6 ppg. Location cleared and leveled.

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 6/1/90

TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO. (505) 376-281

(This space for State Use)

APPROVED BY R E Johnson TITLE DISTRICT SUPERVISOR DATE 6-5-90

CONDITIONS OF APPROVAL, IF ANY: