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.
30-007-20097

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.
141-G

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

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter G : 2434 Feet From The North Line and 2394 Feet From The East Line

Section 14 Township 31N Range 17E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
8146 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: Convert to water 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.

8/30/91 Date of work.
1. Remove surface equipment, rods, and downhole pump.
2. Pipe left in hole: 46.5' of 11 3/4", 42 lb/ft set @ 46.5'
330' of 8 5/8", 24 lb/ft set @ 330'
1113' of 5 1/2", 17 lb/ft set @ 1113'
1030' of 2 7/8" tubing
3. Cleaned up location, removed junk, set well up as an artesian water well for the ranch.

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 9/11/91

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

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 9-20-91

CONDITIONS OF APPROVAL, IF ANY: