

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-007-20100
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
VALDEZ CANYON
Castle Rock North
2919

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Coal Methane	8. Well No. 071C
2. Name of Operator Pennzoil Exploration & Production Company	9. Pool name or Wildcat Wildcat
3. Address of Operator P.O. Box 2967, Houston, TX 77252	
4. Well Location Unit Letter <u>G</u> : <u>729</u> Feet From The <u>North</u> Line and <u>2084</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>29N</u> Range <u>19E</u> NMPM <u>Colfax</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7813 GR	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	PLUG AND ABANDONMENT ☐
OTHER: ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Correction to C-101</u> ☒

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.

Correct two mistakes on Form C-101:
Block 7--Lease Name; Valdez Canyon 2919
Block 4--The correct range is 19 East

RECEIVED

JUL 10 1989

OIL CONSERVATION DIV.

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 Supt. DATE 7-7-89
TYPE OR PRINT NAME L. D. Williamson TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 7-17-89
CONDITIONS OF APPROVAL, IF ANY