

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

MAY 13 '94

WELL API NO. 30-015-26413
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Artesia State Com.
8. Well No. 3
9. Pool name or Wildcat Palmillo Draw - Atoka Gas Pool

SUNDRY NOTICES AND REPORTS ON WELLS, C. D. (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Pennzoil Petroleum Company	
3. Address of Operator P. O. Box 50090, Midland, Texas 79710-0090	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>2100</u> Feet From The <u>west</u> Line Section <u>23</u> Township <u>18 S</u> Range <u>28 E</u> NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Acidize</u> <input checked="" type="checkbox"/>

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.

03/23/94 Rigged up Western & Nowcam. Loaded backside. Spearhead 7 bbls mutual solvent/Xylene. Acidized existing Atoka perfs 10297-10328' (112 holes) down 2 3/8" tbg w/50 MSCF Nitrogen pad, 8333 gals 70Q foamed 7.5% HCL acid diverted w/154 RCN BS, & 80 MSCF Nitrog. flush. Avg rate = 5 BPM. Avg press = 4000#. Max press = 4100#. ISIP 4000#. 15 min P. = 2400#. Total vol. = 2500 gal 7.5% HCL acid & 286 MSCF nitrogen.

04/14/94 Well test 0 BO, 0 BW, 216 MCF.

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

SIGNATURE Barbara Teague TITLE Production Clerk DATE 05/10/94
TYPE OR PRINT NAME Barbara Teague TELEPHONE NO. 915/686-3500

(This space for State Use)

SUPERVISOR, DISTRICT II

MAY 31 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: