

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. 30-015-00189
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ATOKA SAN ANDRES UNIT
8. Well No. 129
9. Pool name or Wildcat Atoka San Andres

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Pennzoil Exploration & Production Company
3. Address of Operator P O Box 50090 Midland Texas 79710-0090	4. Well Location Unit Letter C : 330 Feet From The North Line and 1650 Feet From The West Line Section 13 Township 18S Range 26E NMPM Eddy County
10. Elevation (Show whether OF, RKB, RT, GR, etc.) 3295' GE	

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 ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

12/15/98 Run GR-CCL-CBL from 1680' to 900'. Perf'd San Andres Zone A 1567', 1569', 1571', 1578', 1588', 1596', 1606', 1609', Zone B 1632', 1636', 1637', 1653', 1663', 1666', Zone C 1697', 1698', 1700', w/1 SPF, 1699' w/2 SPF (19 holes total).

12/16/98 Acidized San Andres Zone C 1688-1700' w/1500 gal 15% NEFE HCl.

12/17/98 Acidized San Andres Zones A & B 1567-1666' overall w/1500 gal NEFE HCl. Fracture treated Zones A & B 1567-1666' overall w/5000 gal 20# linear gel containing 1000# of 100 mesh sand and 28000 gal 10# linear gel containing 53,850# of 20-40 sand.

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

SIGNATURE Sharon Hindman TITLE Production Assistant DATE 12/29/98
TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use)

APPROVED BY Jim W. Gumb TITLE District Supervisor DATE 1-5-99