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LAND OFFICE		
OPERATOR		

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-2148

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.
OIL WELL [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator

Pennzoil Company

8. Farm or Lease Name

Western State

3. Address of Operator

P. O. Drawer 1828 - Midland, Texas   79701

9. Well No.

17

4. Location of Well

UNIT LETTER **F**, **1330** FEET FROM THE **North** LINE AND **1330** FEET FROM

THE **West** LINE, SECTION **20** TOWNSHIP **17-S** RANGE **33-E** NMPM.

10. Field and Pool, or Wildcat **Andres**

Maljamar Grayburg-/San

15. Elevation *(Show whether DF, RT, GR, etc.)*

4201' G.L.

12. County

Lea

16.

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 [ ]   COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]   CASING TEST AND CEMENT JOB [X]

OTHER_____   OTHER_____   [ ]

17. 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.

4-24-73   Spud well @ 6:00 P.M., drilling 12 1/4" hole.

4-26-73   T.D. 1,350'. Ran 42 joints of 9 5/8", J-55, 36# casing set @ 13,49'. Cemented w/700 sx of Class "C" w/2% CaCl. Plug down @ 9:15 A.M. 4-26-73. Circulated out 100 sx. W.O.C.

4-27-73   W.O.C. 24 hrs. Tested casing to 1,000 psi for 30 min., O.K.

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

SIGNED *[signature: J. C. Raney]*   TITLE **Petroleum Engineer**   DATE **6-4-73**

APPROVED BY_____   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: