

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
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

API NO. (assigned by OCD on New Wells) <u>30-007-20088</u>	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐		7. Lease Name or Unit Agreement Name Van Bremmer Canyon 3019			
b. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☐ coal methane ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐		8. Well No. 312E			
2. Name of Operator Pennzoil Exploration and Production Company		9. Pool name or Wildcat			
3. Address of Operator P.O. Box 2967, Houston, TX 77252					
4. Well Location Unit Letter <u>E</u> : <u>2570</u> Feet From The <u>north</u> Line and <u>320</u> Feet From The <u>west</u> Line Section <u>31</u> Township <u>30N</u> Range <u>19E</u> NMPM Colfax County					
10. Proposed Depth 2300'		11. Formation Vermejo			
12. Rotary or C.T. rotary					
13. Elevations (Show whether DF, RT, GR, etc.) 7780 GR		14. Kind & Status Plug. Bond blanket			
15. Drilling Contractor Finley		16. Approx. Date Work will start May 20, 1989			
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/3"	8-5/8"	24	350'	175	surface
7-7/8"	5-1/2"	17	2300'	450	surface

1. Drill 12-1/4" hole to 350' with air.
2. Set 8-5/8" casing and cement to surface.
3. Drill 7-7/8" hole to TD.
4. Set 5-1/2" casing to 2300' and cement to surface.
5. The well will be completed by perforation in U&L Vermejo with 2-7/8" tubing.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE [Signature] TITLE Project Manager DATE 5/9/89
TYPE OR PRINT NAME R.D. Osterhout TELEPHONE NO 713 46-4774

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT OFFICIAL DATE 5-15-89
CONDITIONS OF APPROVAL, IF ANY: No allowable will be given until N.S.L. has been approved.