

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)

30-007-20095

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 ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

coal methane

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Castle Rock Park
3118

2. Name of Operator

Pennzoil Exploration and Production Company

8. Well No.

311M

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

9. Pool name or Wildcat

wildcat

4. Well Location

Unit Letter

M

: 747

Feet From The south

Line and

990

Feet From The west

Line

Section

31

Township

31N

Range

18E

NMPM

Colfax

County

10. Proposed Depth
1900'

11. Formation

Vermejo

12. Rotary or C.T.

rotary

13. Elevations (Show whether DF, RT, GR, etc.)

8568 GR

14. Kind & Status Plug Bond

blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

7/10/89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8	24	350	175	surface
7-7/8	5-1/2	17	1900	310	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 w/mid.
4. Set 5-1/2" casing to 1900' and cement to surface.

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

TITLE

Project Manager

DATE 6/6/89

713

TYPE OR PRINT NAME

R.D. Ousterhout

TELEPHONE NO 546-4774

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

6-7-89

CONDITIONS OF APPROVAL, IF ANY: