

90-2
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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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)

30-007-20105

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

3117

2. Name of Operator

Pennzoil Exploration & Production Company

8. Well No.

271 G

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter G : 1750 Feet From The North Line and 2089 Feet From The East Line

Section 27 Township 31 N Range 17 E NMPM Cofax County

10. Proposed Depth

2000

11. Formation

Vermejo

12. Rotary or C.T.

Rotary

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

8710 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

5/14/90

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	300	175	Surface
7 7/8	5 1/2	17	2000	450	Surface

1. Drill 12 1/2" hole to 330' with air mist.
2. Set and cement 8 5/8" casing.
3. Drill 7 7/8" hole to TD with air mist
4. Log
5. Set and cement 5 1/2" casing with silicalite cement.

OIL CONSERVATION COMMISSION TO BE NOTIFIED
WITHIN 24 HOURS OF BEGINNING OPERATIONS

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 Operations Superintendent DATE 4/23/90

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY

TITLE

DATE

4-24-90

CONDITIONS OF APPROVAL, IF ANY

APPROVAL VALID FOR 90 DAYS

7-24-90

UNLESS OTHERWISE SPECIFIED