

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells)

30-007-20109

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 ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Castle Rock

3017

8. Well No.

161 H

9. Pool name or Wildcat

Wildcat

2. Name of Operator

Pennzoil Exploration and Production Company

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

4. Well Location

Unit Letter H : 1651 Feet From The North Line and 671 Feet From The East Line
Section 16 Township 30 N Range 17 E NMPM Colfax County

10. Proposed Depth

2900

11. Formation

Vermejo

12. Rotary or C.T.

Rotary

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

9139 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

2/08/91

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 1/5	17	2800	520	Surface

1. Drill 12 1/4" hole to 330' with air mist.
2. Set and cement 8 5/8" casing.
3. Drill 7 7/8" hole to 2900' with air mist.
4. Set and cement 5 1/2" casing.

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

L. D. Williamson

TITLE Operations Superintendent DATE 1/21/91

TYPE OR PRINT NAME

L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY

R. E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE 1-23-91

CONDITIONS OF APPROVAL, IF ANY:

API NO. 11-1-89 180
FEE 7-23-91
UNLESS OTHERWISE SPECIFIED

ANALYZE AND SACK SAMPLES FOR
WATER, SODIUM, POTASSIUM, CHLORIDE,
AND SULFATE. USE FOR INFORMATION