90-2

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

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	11. Formation	12. Rotary or C.T.
2000	Vermejo	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
8710 GR	Blanket	Finley	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 [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 [signature] TITLE DISTRICT SUPERVISOR DATE 4-24-90

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 90 DAYS
UNLESS DRILLING UNDERWAY 7-24-90