

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

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. 30-007-20109  
FILED 1-23-91  
UNLESS OTHERWISE SPECIFIED

ANALYZE AND SACK SAMPLES FOR  
WATER, SALT, AND OTHER CONTAMINANTS  
AND REPORT TO THE DISTRICT SUPERVISOR