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) 30-007-20087

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
Van Bremmer Canyon
2919

2. Name of Operator
Pennzoil Exploration and Production Company

8. Well No.
041D

3. Address of Operator
P.O. Box 2967, Houston, TX 77252

9. Pool name or Wildcat

4. Well Location
Unit Letter D : 63 Feet From The west Line and 479 Feet From The north Line

Section 4 Township 29N Range 19E NMPM Colfax County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
2300'	Vermejo	rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
7538 GR	blanket		June 25, 1989

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14-3/4	11-3/4	42	350	150	surface
12-1/4	8-5/8	24	1800	1000	surface

1. Drill 14-3/4" hole to 350' with mud.
2. Set 11-3/4" casing and cement to surface.
3. Drill 12-1/4" hole to TD.
4. Set 8-5/8" casing to 1800' and cement to surface.
5. The well will be completed by perforation in Raton with 2-7/8" tubing.

90
8-15-89

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 5/1/89

TYPE OR PRINT NAME R. D. Osterhout TELEPHONE NO. 713 546-4774

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 5-15-89

CONDITIONS OF APPROVAL, IF ANY: No allowable will be given until N.S.L. has been approved.

cc: Jimmy Smith