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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): 30-007-20096

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 South 3017

2. Name of Operator: Pennzoil Exploration and Production Company

8. Well No.: 021M

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

9. Pool name or Wildcat: wildcat

4. Well Location
Unit Letter M : 660 Feet From The south Line and 715 Feet From The west Line

Section 2 Township 30N Range 17E NMPM Colfax County

10. Proposed Depth: 1800'

11. Formation: Vermejo

12. Rotary or C.T.: rotary

13. Elevations (Show whether DF, RT, GR, etc.): 8256 GR

14. Kind & Status Plug. Bond: blanket

15. Drilling Contractor: Finley

16. Approx. Date Work will start: July 20, 1989

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	350	175	surface
7-7/8"	5-1/2	17	1800	450	surface

1. Drill 12-1/4" hole to 350' with air.
2. Set 8-5/8" casing and cement to surface.
3. Drill 7-7/8" hole to TD with mud.
4. Set 5-1/2" casing to 1800' and cement to surface.

APPROVAL VALID FOR 90 DAYS
PERMIT EXPIRES 9-7-89
UNLESS DRILLING UNDERWAY

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 Project Manager DATE 6/6/89

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

(This space for State Use)

APPROVED BY [signature] TITLE SUPERVISOR DATE 6-7-89

CONDITIONS OF APPROVAL, IF ANY: