

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

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

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

API NO. (Assigned by OCD on New Wells)

30-007-20097

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 Co.

8. Well No.

141G

3. Address of Operator

P. O. Box 2967 Houston, Texas 77252

9. Pool name or Wildcat

4. Well Location

Unit Letter G : 2434 Feet From The North Line and 2394 Feet From The East Line

Section 14 Township 31 N Range 17 E NMPM Colfax County

10. Proposed Depth

2000

11. Formation

Vermejo

12. Rotary or C.T.

rotary

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

8146 Gr

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

7/1/89

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	2000	450	surface

1. Drill 12 1/4 " hole to 350' with mud.
2. Set 8 5/8" casing and cement to surface.
3. Drill 7 7/8" hole to TD.
4. Set 5 1/2" casing to 2000' and cement to surface.
5. The well will be completed by perforation in Vermejo formation.

APPROVAL VALID FOR 90 DAYS
EXPIRATION DATE 9-15-89
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

TITLE

Project Manager

DATE 6/12/89

TYPE OR PRINT NAME

R. D. Osterhout

713

TELEPHONE NO. 546-4774

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE 6/15/89

CONDITIONS OF APPROVAL, IF ANY:

No allowable will be given until NSL has been approved.

COLLAPSE AND CATCH POINTS
EVALUATION AND CATCH POINTS
NO CATCH POINTS IN THE WELL