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Submit to: Appropriate
District Office
State Lease - 6 copies
Per 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)

30-007-20101

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 North

29 18

2. Name of Operator

Pennzoil Exploration and Production Company

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

8. Well No.

111D

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter D : 1022 Feet From The North Line and 792 Feet From The west Line

Section 11 Township 29N Range 18E NMPM Colfax County

10. Proposed Depth

2600'

11. Formation

Vermejo

12. Rotary or C.T.

rotary

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

7924' GR

14. Kind & Status Plug Bond

blanket

15. Drilling Contractor

16. Approx. Date Work will start

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	2600	500	surface

1. Drill 12-1/4" hole to 350' with air.
2. Set 8-5/8" casing and cement at surface.
3. Drill 7-7/8" hole to TD with mud.
4. Set 5-1/2" casing to 2600' and cement to surface.

APPROVAL VALID FOR 90 DAYS
PERMIT EXPIRES 10-5-89
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 6/30/89

713

TYPE OR PRINT NAME

R.D. Osterhout

TELEPHONE NO. 546-4774

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

7-5-89

CONDITIONS OF APPROVAL, IF ANY

NSL MUST BE APPROVED PRIOR TO PRODUCTION