

903
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

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

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells)

30-007-20106

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
3118

2. Name of Operator

Pennzoil Exploration & Production Company

8. Well No.

321 I

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter I : 1195 Feet From The East Line and 1950 Feet From The South Line

Section 32

Township 31 N

Range 18 E

NMPM

Colfax

County

10. Proposed Depth

1850

11. Formation

Vermejo

12. Rotary or C.T.

Rotary

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

8593 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

5/1/90

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 1/2	17	1850	450	Surface

1. Drill 12 1/4" hole to 330' with air mist.
2. Set and cement 8 5/8" casing.
3. Log
4. Set and cement 5 1/2" casing with silicalite cement.

OIL CONSERVATION DIVISION 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 4/23/90

TYPE OR PRINT NAME L. D. Williamson

(505)
TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE _____ DATE 4-24-90

CONDITIONS OF APPROVAL, IF ANY:

NSL MUST BE APPROVED PRIOR TO PRODUCTION
7-24-90