

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)

30-007-20108

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.

323 N

3. Address of Operator

P.O. Box 2967, Houston, TX 77252

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter N : 742 Feet From The South Line and 1752 Feet From The West Line

Section 32

Township

31 N

Range

18 E

NMPM

Colfax

County

10. Proposed Depth

2200

11. Formation

Vermejo

12. Rotary or C.T.

Rotary

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

8617 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Finley

16. Approx. Date Work will start

2/1/91

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	2200	450	Surface

1. Drill 12 1/4" hole to 330' with air mist.
2. Set and cement 8 5/8" casing.
3. Drill 7 7/8" hole to 2200' with air mist
4. LOG
5. Set and cement 5 1/2" casing.

APPROVAL VALID FOR 180 DAYS
PER DT CHARGES 7-18-91
UNLESS DRILLER EXTENDS

CONSERVATION COMMISSION TO BE NOTIFIED
BY THE DRILLER AT LEAST 10 DAYS BEFORE

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 1/15/91

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 1-18-91

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY R. E. Johnson
TITLE DISTRICT SUPERVISOR
DATE 1-18-91