

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☐

OTHER

Water Supply

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Shelly Oil Company

3. ADDRESS OF OPERATOR

Box 730 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

650' P.M. & 640' P.M. Section 35-32N-17W, San Juan
County, New Mexico.

At proposed prod. zone

Morrison

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

10-1/2 miles NE Shiprock, New Mexico

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

1920

19. PROPOSED DEPTH

3000'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, BT, GR, etc.)

5094' Gr.

22. APPROX. DATE WORK WILL START*

October 27, 1964

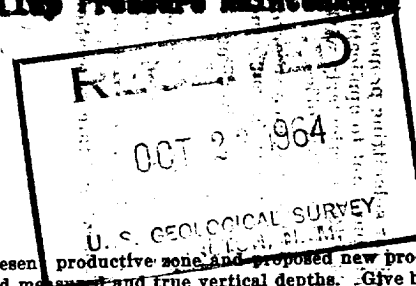
23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	35.62#	80'	100 sacks
11"	7"	20#	3000'	400 sacks

The pump and plug process will be used in cementing both strings of casing and cement will be circulated to the surface on the 13-3/8" CD casing. The 7" CD casing will be set at approx. 3000' and cemented with approx. 400 sacks of cement. The 7" CD casing will be slotted in the Morrison Zone.

This well will be a Water Supply Well for the Many Rocks Gallup Pressure Maintenance Project No. 3.



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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

(ORIGINAL
SIGNED) H. E. Asb

TITLE

Dist. Superintendent

DATE

October 22, 1964

(This space for Federal or State office use)

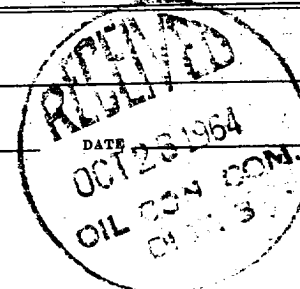
PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions On Reverse Side