

PRIVATE AND CONFIDENTIAL

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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5A. Indicate Type of Lease
STATE FEE XXXX

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | |
|--|--|--|
| 1a. Type of Work DRILL <input checked="" type="checkbox"/> XXXX DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> | | 7. Unit Agreement Name |
| b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Stratigraphic Test SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> | | 8. Farm or Lease Name Shell Strat |
| 2. Name of Operator Shell Oil Company | | 9. Well No. 31-69 |
| 3. Address of Operator P. O. Box 1509, Midland, Texas 79701 | | 10. Field and Pool, or Wildcat Wildcat |
| 4. Location of Well: UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND FEET FROM THE _____ LINE OF SEC. 26 TWP. 3-N RGE. 36-E NMPM | | 12. County Curry |
| 21. Elevations (Show whether DE, RT, etc.) Not Available | | 19. Proposed Depth 3100' |
| 21A. Kind & Status Plug. Bond Blanket | 21B. Drilling Contractor Not Available | 19A. Formation Glorieta |
| | | 20. Rotary or C.T. Rotary |
| | | 22. Approx. Date Work will start On Approval |

23.

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|-----------|
| | 8 5/8" | 32#, 24# | 350'* | | Cm. Circ. |
| | | | | | |

*Sufficient casing to penetrate red beds.

TO BE DRILLED FOR GEOLOGICAL INFORMATION ONLY, NOT TO BE PRODUCED.

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.

Signed J.D. Duren **J.D. DUREN** Title Staff Operations Engineer Date October 23, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE Dist Super DATE 10-29-69

CONDITIONS OF APPROVAL, IF ANY: