

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101  
Revised 10-1-73

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

**API #30-003-20015**

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEC <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LH 3074	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name SWEPI ET AL STATE	
2. Name of Operator SHELL WESTERN E&P INC.		9. Well No. 1	
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		10. Field and Pool, or Wildcat WILDCAT	
4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>1605</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1624</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>2</u> TWP. <u>4S</u> RCE. <u>13W</u> NMPM		12. County CATRON	
19. Proposed Depth 8000'		19A. Formation PRE-CAMBRIAN	
20. Rotary or C.T. ROTARY		21. Elevations (Show whether DF, RT, etc.) 7650' GL	
21A. Kind & Status Plug. Bond BLANKET		21B. Drilling Contractor UNDETERMINED	
22. Approx. Date Work will start UPON APPROVAL			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14-3/4"	16"	CONDUCTOR	80'	REDIMIX	SURF
11" & 7-7/8"	11-3/4"	42#	1000'	500	SURF
	5-1/2"	14#	TD	550	3300'

CONTINGENCIES: IF SALT IS ENCOUNTERED, 11" HOLE WILL BE DRILLED TO APPROXIMATELY 4300' & 8-5/8" CASING WILL BE SET.

BOP PROGRAM: 2MRR

OIL CONSERVATION COMMISSION TO BE NOTIFIED  
WITHIN 24 HOURS OF BEGINNING OPERATIONS

COLLECT AND SACK SAMPLES FOR  
NEW MEXICO BUREAU OF MINES, SOCORRO  
AT AT LEAST TEN FOOT INTERVALS

APPROVAL VALID FOR 90 DAYS  
PERMIT EXPIRES 8-24-87  
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.

Signed A. J. Fore A. J. FORE Title SUPERVISOR REG. & PERMITTING Date MAY 22, 1987

(This space for State Use)

APPROVED BY Ry E Johnson TITLE DISTRICT SUPERVISOR DATE 5-26-87

CONDITIONS OF APPROVAL IF ANY: No allowable will be given until N.S.L. has been approved.