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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

SEP 23 8 11 AM '69

5A. Indicate Type of Lease
STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 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. 25-69	
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. * 18 TWP. 1-N RGE. 31-E NMPM		12. County Curry	
19. Proposed Depth 3100'		19A. Formation Glorieta	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) Not Available	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Not Available	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' **		On 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.

Original Signed By **J. D. DUREN** J.D. Duren Title **Staff Operations Engineer** Date **September 18, 1969**

(This space for State Use)

SUPERVISOR DISTRICT

SEP 22 1969

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: