

PRIVATE AND CONFIDENTIAL

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

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U.S.G.S.		
LAND OFFICE		
OPERATOR		

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"/> 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 <u>Stratigraphic Test</u> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <u>Shell Strat</u>	
2. Name of Operator <u>Shell Oil Company</u>		9. Well No. <u>24-69</u>	
3. Address of Operator <u>P. O. Box 1509, Midland, Texas 79701</u>		10. Field and Pool, or Wildcat <u>Wildcat</u>	
4. Location of Well UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE OF SEC. <u>29</u> TWP. <u>3-N</u> RGE. <u>30-E</u> NMPM		12. County <u>Roosevelt</u>	
19. Proposed Depth <u>3100'</u>		19A. Formation <u>Glorieta</u>	
20. Rotary or C.T. <u>Rotary</u>		21. Elevations (Show whether DF, RT, etc.) <u>4407' Gr.</u>	
21A. Kind & Status Plug. Bond <u>Blanket</u>		21B. Drilling Contractor <u>Not Available</u>	
22. Approx. Date Work will start <u>On Approval</u>			

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 13, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE Dist. Super. DATE 10-15-69

CONDITIONS OF APPROVAL, IF ANY: