

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
Shell Western E&P Inc.

3. ADDRESS OF OPERATOR
P. O. Box 991, Houston, Texas 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At SURFACE 1600' FNL & 180' FWL

At proposed prod. zone Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
1/2 mile west of Hobbs, New Mexico.

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drilg. unit line, if any) 2460'

16. NO. OF ACRES IN LEASE 10,649

17. NO. OF ACRES ASSIGNED
TO THIS WELL 40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 628.2'

19. PROPOSED DEPTH 4,350

20. ROTARY OR CABLE TOOLS Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3646.2' GR

22. APPROX. DATE WORK WILL START*
September 15, 1984

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"	48# H-40	40' ±	Cemented to surface w/Redimix.
12 1/4"	8 5/8"	24# K-55	1520' ±	Cemented to surface w/785 sx.
7 5/8"	5 1/2"	14# k-55	4350' ±	Cemented to surface w/435 sx.

Attachments;
Survey Plat
Drilling Prognosis
Casing & Cementing Details
BOP Assembly Drawings
Choke Manifold Drawings
Rib Layout Drawings
Topographical Map
Multipoint Land Use Plan
City of Hobbs Approval

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 *A. J. Fore* TITLE Supervisor Regulatory & Permitting DATE AUGUST 24, 1984
(This space for Federal or State office use)

PERMIT NO. APPROVAL DATE

APPROVED BY ANY: TITLE DATE

Subject to
Like Approval
by State

*See Instructions On Reverse Side

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS