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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-55

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		DRILL <input type="checkbox"/>		DEEPEN <input type="checkbox"/>		PLUG BACK <input checked="" type="checkbox"/>	
b. Type of Well		OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>	
2. Name of Operator		Shell Oil Company		3. Unit Agreement Name		7. Unit Agreement Name	
3. Address of Operator		P. O. Box 1509, Midland, Texas 79701		8. Farm or Lease Name		Argo A	
4. Location of Well		UNIT LETTER <u>E</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE		9. Well No.		2	
AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>22</u> TWP. <u>21S</u> RGE. <u>37E</u> NMPM				10. Field and Pool, or Willcutt		Tubb (Gas)	
				12. County		Lea	
				19. Proposed Depth		PB 6345	
				19A. Formation		Tubb	
				20. Rotary or C.T.			
21. Elevations (Show whether DE, RT, etc.)		21A. Kind & Status Plug. Bond		21B. Drilling Contractor		22. Approx. Date Work will start	
3429 DF		Blanket				Upon approval	

23. ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	32.4	255'	200	Surface
11"	8 5/8"	32	2913'	1400	Surface
7 7/8"	5 1/2"	15.5	6627'	600	

1. Abandon Drinkard with CIBP at 6380' and cap with 35' cement.
2. Perforate Tubb Gas zone 5968-6280' (28 holes).
3. Complete as warranted.

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.

N. W. Harrison

Signed N. W. Harrison Title Staff Production Engineer Date 5-14-74

(This space for State Use)

Original by

Joe P. [unclear] TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: