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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease  
 STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

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 ☐

2. Name of Operator  
 SHELL OIL COMPANY

7. Unit Agreement Name

8. Farm or Lease Name  
 TURNER

9. Well No.  
 10

3. Address of Operator  
 P. O. BOX 991, HOUSTON, TEXAS 77001

4. Location of Well  
 UNIT LETTER K LOCATED 2080 FEET FROM THE SOUTH LINE  
 AND 1650 FEET FROM THE WEST LINE OF SEC. 22 TWP. 21-S RGE. 37-E N1/4PM

10. Field and Pool, or Wildcat  
 TUBB OIL AND GAS

12. County  
 LEA

19. Proposed Depth  
 7502'

19A. Formation  
 TUBB

20. Rotary or C.T.  
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21. Elevations (Show whether DF, KT, etc.)  
 3423' DF, 3424' KB

21A. Kind & Status Plug. Bond  
 BLANKET

21B. Drilling Contractor  
 WORKOVER RIG

22. Approx. Date Work will start  
 UPON APPROVAL

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/4"	13-3/8"	32.4#	222'	300 SX	SURFACE
11"	8-5/8"	32#	2918'	2000 SX	SURFACE
7-7/8"	5-1/2"	15.5, 17#	7502'	500 SX	

WE PROPOSE TO ABANDON THE HARE FORMATION AND RECOMPLETE THIS WELL TO THE TUBB ZONE.

1. Set CIBP @ + 7300'. Cap w/35' of cmt.
2. Run GR compensated N/CCL from 7300' to + 5300'.
3. Spot 15% HCl-NEA to 5900'. Perforate the 5-1/2" csg across the Tubb zone from top down at depths contingent on 10 evaluation.
4. Set FBRC @ + 5900'. Acidize the Tubb zone w/100 gals 15% HCl/net foot of pay w/ball sealers for diverting.
5. Install production equipment and return well to production.

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 Title SUPERVISOR REG. & PERMITTING Date OCTOBER 7, 1982

ORIGINAL SIGNED BY

APPROVED BY JERRY SEXTON TITLE DISTRICT J, SUPR.

DATE OCT 13 1982

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

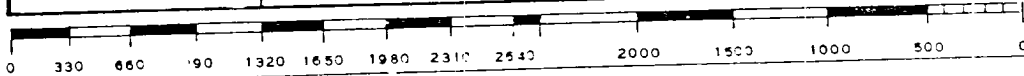
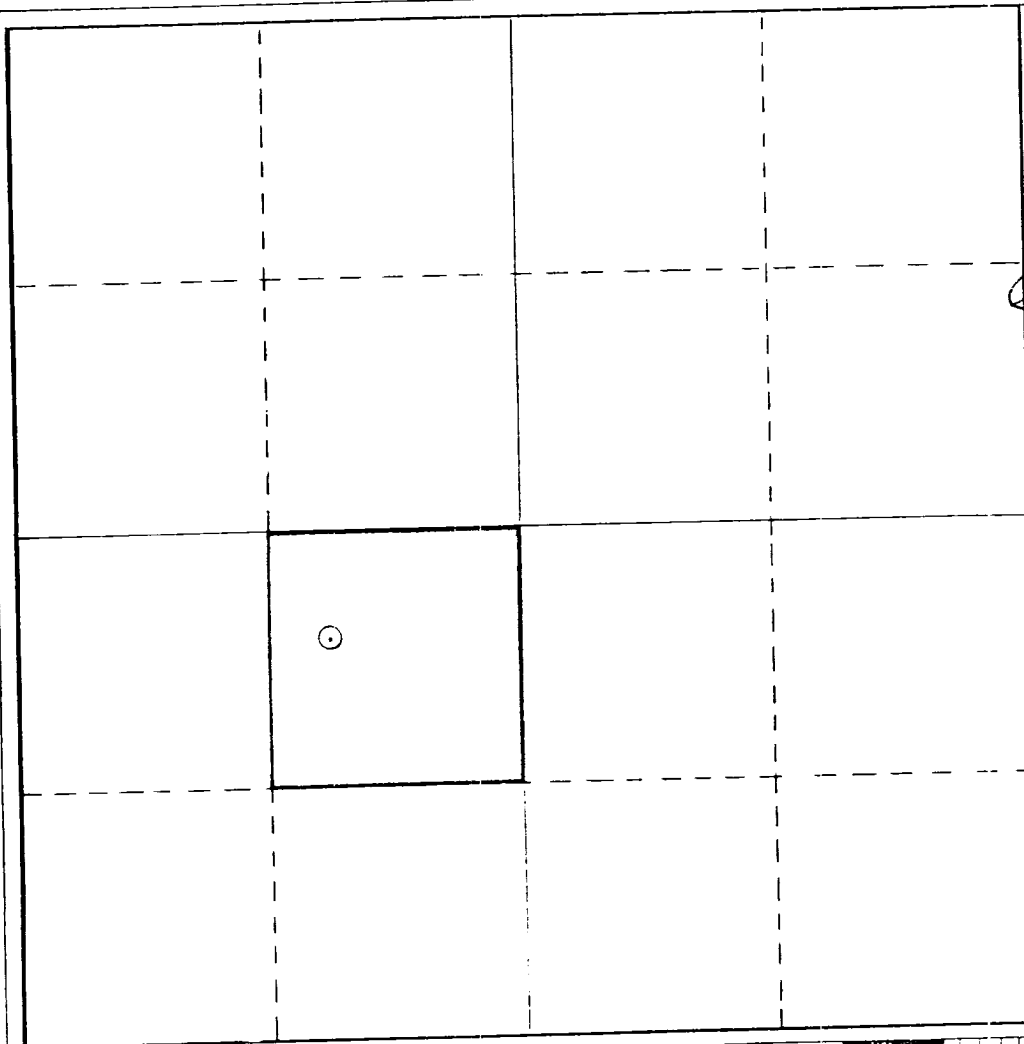
Operator <b>SHELL OIL COMPANY</b>			Lease <b>TURNER</b>		Well No. <b>10</b>
Unit Letter <b>K</b>	Section <b>22</b>	Township <b>21-S</b>	Range <b>37-E</b>	County <b>LEA</b>	
Actual Footage Location of Well: <b>2080</b> feet from the <b>SOUTH</b> line and <b>1650</b> feet from the <b>WEST</b> line					
Ground Level Elev. <b>3413.5' GL</b>	Producing Formation <b>TUBB</b>		Pool <b>TUBB OIL AND GAS</b>		Dedicated Acreage: <b>40</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes    ☐ No    If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

*I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.*

Name *A. J. Fore* **A. J. FORE**  
 Position *Supervisor* **SUPERVISOR,**  
**REGULATORY AND PERMITTING**  
 Company **SHELL OIL COMPANY**  
 Date **OCTOBER 7, 1982**

*I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.*

Date Surveyed \_\_\_\_\_  
 Registered Professional Engineer and/or Land Surveyor \_\_\_\_\_  
 Certificate No. \_\_\_\_\_