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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

JUN 14 11 05 AM '67

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name Shelly Penrose "B" Unit	
8. Farm or Lease Name	
9. Well No. 63	
10. Field and Pool, or Wildcat Langlie Mattix	
12. County Lea	
19. Proposed Depth 3730'	19A. Formation Penrose Sand
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DE, RT, etc.) 3330' G.L.	22. Approx. Date Work will start Immediately

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
Shelly Oil Company

3. Address of Operator
Box 730 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER **B** LOCATED **660** FEET FROM THE **North** LINE
AND **1980** FEET FROM THE **East** LINE OF SEC. **8** TWP. **23S** RGE. **37E** NMPM

21. Elevations (Show whether DE, RT, etc.)
3330' G.L.

21A. Kind & Status Plug Back
Blanket Bond No. 1253888

21B. Drilling Contractor
\$100,000 W/Fed Insur. Co.

23. Present ~~XXXXXX~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"OD	24#	385'	325	Surface
7-7/8"	5-1/2"OD	15.5#	3730'	1400	—
Proposed —	4-1/2"OD	12.60#	3730'	300	—

This well is a plugged and abandoned well. We propose to re-enter this well and equip to pump as follows:

1. Drill out cement plugs and clean out to T.D. 3730'.
2. Run 4-1/2"OD casing to T.D. 3730' and cement with 300 sacks. Run Gamma Ray Neutron Log.
3. Re-perforate intervals 3507-3662' with 2 shots per foot and acidize with 1000 gallons regular acid.
4. Run rods and tubing and put well on pump.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRE 9-13-67

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 (ORIGINAL) V. E. Fletcher Title District Superintendent Date June 9, 1967

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

COPIES OF THIS
SHOULD BE
TITLE

DATE