

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

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 b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name - - -
2. Name of Operator <b>Shelly Oil Company</b>		8. Farm or Lease Name <b>J. C. Johnson</b>
3. Address of Operator <b>P. O. Box 730 - Hobbs, New Mexico 88240</b>		9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>"A"</b> LOCATED <b>330</b> FEET FROM THE <b>North</b> LINE AND <b>330</b> FEET FROM THE <b>East</b> LINE OF SEC. <b>20</b> TWP. <b>23E</b> RGE. <b>37E</b> NMPM		10. Field and Pool, or Wildcat <b>UNDESIGNATED</b>
		12. County <b>Lea</b>
		19. Proposed Depth <b>6200'</b>
		19A. Formation <b>Blinebry</b>
		20. Rotary or C.T. <b>Rotary</b>
21. Elevations (Show whether DF, RT, etc.) <b>Unknown</b>	21A. Kind & Status Plug. Bond <b>Blanket #1253688</b>	21B. Drilling Contractor <b>Cactus Drilling Corp.</b>
		22. Approx. Date Work will start <b>October 17, 1968</b>

### PROPOSED 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#	900'	300	Surface
7-7/8"	4-1/2"OD	10.5#	6200'	450	4700'

The pump and plug process will be used on both strings of casing with cement circulated to surface on the 8-5/8"OD casing. The 4-1/2"OD casing will be perforated and the Blinebry zone treated with approximately 2,000 gallons regular acid and 20,000# 20/40 sand with 20,000 gallons lease oil.

COPIES VALID  
30 DAYS UNLESS  
NOT COMMENCED

1-16-69

8 5/4

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 T. E. Tatum Title District Operations Manager Date 10-15-1968

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE OCT 16 1968

CONDITIONS OF APPROVAL, IF ANY: