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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Shell Oil Company	8. Farm or Lease Name Shelton
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>2080</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>14</u> RANGE <u>37</u> NMPM.	10. Field and Pool, or Wildcat Denton Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3826' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull tbg and pump and rerun with stringer. Acidize with 2000 gals. 15%.
2. Pull tubing and rerun with pump.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>N. W. Harrison</u>	TITLE <u>Staff Operations Engr.</u>	DATE <u>2-27-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>Supervisor</u>	DATE <u>3-10-69</u>
CONDITIONS OF APPROVAL, IF ANY:		