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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 Fee

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 GAS WELL OTHER- **Injection**

2. Name of Operator
Shell Oil Company

3. Address of Operator
P. O. Box 1509 Midland, Texas 79701

4. Location of Well
UNIT LETTER **C**, **660** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **23** TOWNSHIP **24S** RANGE **37E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Langlie Mattix-WFU #1

9. Well No.
No. 7

10. Field and Pool, or Wildcat
Langlie Mattix

15. Elevation (Show whether DF, RT, GR, etc.)
3205' DF

12. County
Lea

16. 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"/>	OTHER <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 tubing and packer. Inspect tubing.
2. Check TD (If fill occurs above 3470', clean out to 3500'+).
3. Run tubing and packer. Packer setting depth 3285'±.
4. Place well on injection.

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

Original Signed By
SIGNED N.W. Harrison **N.W. Harrison** TITLE Staff Operations Engineer DATE 2-4-69

APPROVED BY [Signature] TITLE _____ DATE FEB 7 1969

CONDITIONS OF APPROVAL, IF ANY: