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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 [X]     Fee [ ]

5. State Oil & Gas Lease No.
**B-1167**

## 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-'01) FOR SUCH PROPOSALS.)

1.
OIL WELL [X]     GAS WELL [ ]     OTHER-

7. Unit Agreement Name
-

2. Name of Operator
**Shell Oil Company**

8. Farm or Lease Name
**State B**

3. Address of Operator
**P. O. Box 1810, Midland, Texas 79701**

9. Well No.
**2**

4. Location of Well

UNIT LETTER **D**, **660** FEET FROM THE **North** LINE AND **660** FEET FROM

THE **West** LINE, SECTION **36** TOWNSHIP **19-S** RANGE **36-E** NMPM.

10. Field and Pool, or Wildcat
**Monument (Grayburg-SA)**

15. Elevation *(Show whether DF, RT, GR, etc.)*
**3618 DF**

12. County
**Lea**

16.
## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]

OTHER _____

PLUG AND ABANDON [ ]

CHANGE PLANS [ ]

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK [X]

COMMENCE DRILLING OPNS. [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER **Treat Open Hole Under Formation Packer** [ ]

ALTERING CASING [ ]

PLUG AND ABANDONMENT [ ]

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.

**10-19-70**

1. Pumped 24 bbls oil pad containing 5 gals J-22 (NE agent).

2. Acid treated with 500 gals BJ 1 shot acid (390 gals acid + 110 gals Exylene with 1 gal J-4-A and 1 gal J-22).

3. Flushed with 24 bbls lease oil.

4. Placed well on production.

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

SIGNED _____ **S. G. Scott** TITLE **Sr. Operations Engineer** DATE **10-30-70**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: