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NEW MEXICO OIL CONSERVATION COMMISSION - C. G.
 JUN 25 1 23 PM '68

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Shell Oil Company (Western Division) 3. Address of Operator Post Office Box 1 509, Midland, Texas 79701 4. Location of Well UNIT LETTER <u>0</u> , <u>560</u> FEET FROM THE <u>South</u> LINE AND <u>1880</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	7. Unit Agreement Name --- 8. Farm or Lease Name Black 9. Well No. 2-4 10. Field and Pool, or Wildcat Langlie-Matrix
15. Elevation (Show whether DF, RT, GR, etc.) <p style="text-align: center;">3225' DF</p>	12. County Lea

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER _____ <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 production equipment.
2. Run tubing with packer.
3. Acidize perforations with 3000 gallons 15% NEA.
4. Pull tubing and packer.
5. Rerun production equipment.

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 TITLE Staff Exploitation Engineer DATE June 20, 1968

APPROVED BY [Signature] TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: