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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O.C.C.
APR 21 1 08 PM '66

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.

OG-670

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 (Western Division)	8. Farm or Lease Name "FMA" State
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER P, 660 FEET FROM THE south LINE AND 660 FEET FROM THE east LINE, SECTION 17 TOWNSHIP 9S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Flying "M" San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4386' DF	12. County Lea

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
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.

Proposed Operation: Perforate and Acidize

1. Pull rods, pump, and tubing.
2. Perforate 4471', 4475', 4476', 4477' w/1-3/8" JSPF.
3. Set packer at approximately 4464'.
4. Treat w/500 gallons acid.
5. Swab test and if lower zone warrants producing, place both zones on production.

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

Original Signed By N. W. Harrison Senior Exploitation Engr. DATE April 20, 1966
SIGNED N. W. Harrison
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: