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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

MAR 9 12 33 PM '65

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-581

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"/> 2. Name of Operator Shell Oil Company 3. Address of Operator Box 1858 Roswell, New Mexico 4. Location of Well UNIT LETTER L , 1980 FEET FROM THE south LINE AND 660 FEET FROM THE west LINE, SECTION 17 TOWNSHIP 9 S RANGE 33 E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4391' df	7. Unit Agreement Name - 8. Farm or Lease Name State FMB 9. Well No. 2 10. Field and Pool, or Wildcat Flying "M" - S.A. 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

Operation: March 2, thru 7, 1965.

1. Pulled rods and pump.
2. Pulled three joints tubing and hung open ended.
3. Treated with 2000 gallons 15% NEA with FE additive using ball sealers.
4. Lowered tubing to original setting (4462").
5. Reran pump and rods.
6. Recovered load.
7. In 24 hours, pumped 42 BO plus 13 BW on 12-54" SPM.

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

Original Signed By
R. A. LOWERY

SIGNED R. A. Lowery TITLE Dist. Exploitation Engr. DATE 3-8-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: