

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-3707
7. Unit Agreement Name -
8. Farm or Lease Name State MS
9. Well No. 1
10. Field and Pool, or Wildcat Mescalero
12. County Lea

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 P. O. Box 1858, Roswell, New Mexico
4. Location of Well UNIT LETTER B 330 FEET FROM THE north LINE AND 2310 FEET FROM THE east LINE, SECTION 26 TOWNSHIP 10-S RANGE 32-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4310' df

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Ran 4488' of 8 5/8" (32#, J-55) casing and cemented at 4502' with 600 sx Incor plus 2% CaCl₂. Plug down at 11:55 p.m. (MST), April 21, 1965. After WOC 24 hours, tested with 1500 psi for 30 minutes - no pressure drop.

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

Original Signed By

SIGNED R. J. Doubek TITLE Division Mechanical Engineer DATE April 23, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: