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LAND OFFICE		
OPERATOR		

HOODS OFFICE O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

Dec 9 11 44 AM '65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-2115	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
State A	
9. Well No.	
5	
10. Field and Pool, or Wildcat	
Saunders	
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 - Western Division
3. Address of Operator Box 1509 - Midland, Texas	4. Location of Well UNIT LETTER H , 1980 FEET FROM THE north LINE AND 660 FEET FROM THE east LINE, SECTION 34 TOWNSHIP 14S RANGE 33# NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4207' DF	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

- Pull rods & pump**
- Acid treat with 2000 gallons 15% NEA**
- Rerun rods & pump & place on production**

Please cancel C-103, Intention to Plug and Abandon, approved by NMOCC 11-29-65.

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 District Exploitation Engr. DATE December 6, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: