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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

MAR 23 1 23 PM '67

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1400

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 State L
3. Address of Operator Post Office Box 1509, Midland, Texas 79701	9. Well No. 3
4. Location of Well UNIT LETTER W , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 21-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3606' DF	12. County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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 rods, pump and tubing.
2. Run 2 - 80' 1000 grains/ft. string shots over open hole interval 3810'-3890'.
3. Clean out if necessary.
4. Run tubing.
5. Treat with 2000 gallons 28% acid.
6. Recover load.
7. Place 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

SIGNED N. W. Harrison TITLE Staff Exploitation Engineer DATE March 22, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: