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NEW MEXICO OIL CONSERVATION COMMISSION
 AUG 16 11 57 AM '67

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.
B-8638

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 Levick State
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 3
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>8-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Tobac (Pennsylvanian)
15. Elevation (Show whether DF, RT, GR, etc.) 4398' DF	12. County Chaves

16.

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 ☐

SUBSEQUENT REPORT OF:

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

AUGUST 10, 1967 THROUGH AUGUST 13, 1967

1. Treated with 2000 gallons 15% MEC Acid down annulus.
2. Flushed with 40 barrels lease oil on vacuum.
3. Recovered load and placed on production.
4. In 24 hours pumped 64 BO + 7 BW.

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 August 15, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: