

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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-	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name TURNER
3. Address of Operator P. O. BOX 991, HOUSTON, TX 77001	9. Well No. 15
4. Location of Well UNIT LETTER 0 990 FEET FROM THE SOUTH LINE AND 2310 FEET FROM THE EAST LINE, SECTION 22 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat DRINKARD BINEBRY OIL AND GAS
15. Elevation (Show whether DF, RT, GR, etc.) 3416' 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 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 <u>OPENED ADDITIONAL PAY & ACIDIZED THE DRINKARD ZONE</u> <input checked="" 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.

2-01 to 2-02-84: Cleaned out to 6641'.

2-03-84: Perforated 5-1/2" liner 6452' to 6610' (39 holes). Spotted 200 gals 15% NEA. Acidized Drinkard perforations 6452' to 6610' w/9000 gals 15% NEA.

2-06-84: Installed production equipment and returned well to production.

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

SIGNED J. Sexton for A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE MARCH 8, 1984

APPROVED BY _____ DISTRICT I SUPERVISOR TITLE _____ DATE MAR 13 1984

CONDITIONS OF APPROVAL, IF ANY: