The state of the s			,	
NO OF COPIES RECEIVED			Form C-103 Supersedes Old	
DISTRIBUTION		<u>Olimpia serakan di</u>	C-102 and C-103	
SANT AFE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65	
U.S.G.S.	•		5a. Indicate Type of Lease	
LAND OFFICE	1.00		State X Fe	ее. 🔙
OPERATOR			5. State Oil & Gas Lease No.	
			R-867	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(DO NOT USE THIS FORM FOR PROPOSALS TO	CES AND REPORTS ON DRILL OR TO DEEPEN OR PLUG BERMIT -" (FORM C-101) FOR SUC	BACK TO A DIFFERENT RESERVOIR.		
OIL GAS WELL OTHER			7. Unit Agreement Name	
2. Name of Operator Shell Oil Company			8. Form or Lease Name State MQD	•
3. Address of Operator P. O. Box 1858, Roswell, 1	New Mexico		9. Well No.	
4. Location of Well			10. Field and Pool, or Wildca	rt ···
UNIT LETTER K 1650	FEET FROM THE SOUTH	LINE AND 2310 FEET FRO	Mesa-Queen	
THE West LINE, SECTION	TOWNSHIP 16	S RANGE 32-E NMP	~ <i>(</i>	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County	HH
	4327' I		Lea	
16. Check Appropri		Nature of Notice, Report or O	ther Data	
NOTICE OF INTENTI			T REPORT OF:	*
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	. 片
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONM	MENT
	CHANGE FEARS	OTHER Artificial	Mft.	X
OTHER				1 .
17. Describe Proposed or Completed Operations	(Clearly state all pertinent det	ails, and give pertinent dates, including	ng estimated date of starting any	proposed
work) SEE RULE 1 103.		,,	ig commission waste of sourcing with the	p. 0 p 0 0 0 0
Installed Bethlehem 80	109-42 Pumping lind	t with 5 h.p. electric	motor	1.
	to a said a comband aire	to water of migration	MOCOL .	
	1. A.		Agenta de la companya	
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18. I hereby certify that the information above is Original Signed By	true and complete to the best	of my knowledge and belief.		
RG L. Tomberlin		ting Division		
SIGNED N. L.	Tomberlin TITLE Me	echanical Engineer	DATE June 25,	1965
		ERVISOR DISTRICT 9	JUN 29 1965	
APPROVED BY	mel TITLE SUP	EKAIDOK DITHERS	DATE	<i>p</i>
CONDITIONS OF APPROVAL, IF ANY:				٠ .