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NEW MEXICO OIL CONSERVATION COMMISSION  
 AUG 14 7 48 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>B-8638</b>
7. Unit Agreement Name ---
8. Farm or Lease Name <b>Levick State</b>
9. Well No. <b>3</b>
10. Field and Pool, or Wildcat <b>Tobac-Pennsylvanian</b>
12. County <b>Chaves</b>

**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 <b>Shell Oil Company (Western Division)</b>
3. Address of Operator <b>P. O. Box 1509, Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>north</b> LINE AND <b>660</b> FEET FROM THE <b>east</b> LINE, SECTION <b>20</b> TOWNSHIP <b>8-S</b> RANGE <b>33-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4398' DF</b>

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 JOBS <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 1703.

1. Treat w/2000 gallons 15% MEC acid down annulus.
2. Recover load.
3. Place on production.

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

SIGNED N. W. Harrison Original Signed By N. W. Harrison TITLE Staff Exploitation Engineer DATE August 11, 1967

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: