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SANTA FE		
FILE	<u>L</u>	ļ
U.S.G.S.		
LAND OFFICE		<u> </u>
OPERATOR		

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DISTRIBUTION	HOBBS OFFICE O. C. C.	Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
FILE	May 16 12 01 PM '68		
U.S.G.S.	to it at LM .PA	5a. Indicate Type of Lease	
LAND OFFICE		State Fee. X	
OPERATOR		5. State Oil & Gas Lease No.	
		-	
SUN (DO NOT USE THIS FORM FOR USE "APPL	NDRY NOTICES AND REPORTS ON WELLS R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. RICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)		
1.		7. Unit Agreement Name	
OIL GAS WELL WELL	OTHER- TA	Thelma Crosby F	
2. Name of Operator		8. Farm or Lease Name	
Shell Oil Company	(Western Division)	Thelma Crosby F	
3. Address of Operator		9. Well No.	
P. O. Box 1509, Mi	dland, Texas 79701	1	
4. Location of Well		10. Field and Pool, or Wildcat	
н	1980 FEET FROM THE NOTTH LINE AND 660 FEET FROM	Cato (San Andres)	
UNIT LETTER	FEET FROM THE LINE AND FEET FROM		
east	ECTION 17 TOWNSHIP 9-S RANGE 30-E NMPM.		
THELINE, S	ECTION TOWNSHIP RANGENMPM.		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
	4035' DF	Chaves	
16. Che	ck Appropriate Box To Indicate Nature of Notice, Report or Oth	ner Data	
	4	REPORT OF:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB		
TOTAL OF RELEASE AND THE	OTHER		
OTHER			
	-1 Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed	

- 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103.
 - Pull 2" tubing.
 - Install valve. 2.
 - Temporarily Abandon. 3.

18. I hereby certify that the information above is true and complete		
SIGNED N. W. Harrison N. W. Harrison	Staff Exploitation Engineer	рате Мау 8, 1968
APPROVED BY TO Havey	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE