DISTRIBUTION Image: Santa FE SANTA FE Image: Support of the second s	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 5a. Indicate Type of Lease State Fee X 5, State Oil & Gas Lease No. 7, Unit Agreement Name 8. Farm or Lease Name
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION FILE Image: Support of the second	Effective 1-1-65 5a. Indicate Type of Lease State Fee. X 5, State Oil & Gas Lease No. 7, Unit Agreement Name
FILE Intervention of the condition of the con	5a. Indicate Type of Lease State Fee S. State Oil & Gas Lease No. 7. Unit Agreement Name
OPERATOR OPERATOR 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	State Fee X 5, State Oil & Gas Lease No.
OPERATOR OPERATOR 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	State Fee X 5, State Oil & Gas Lease No.
OPERATOR OPERATOR 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	5, State Oil & Gas Lease No.
(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.)	7. Unit Agreement Name
1.	400 144
	8. Farm or Lease Name
WELL OTHER- 2. Name of Operator Other-	
Shell Oil Company (Western Division) 3. Address of Operator	Thelma Crosby "C"
	9. Well No.
Post Office Box 1509, Midland, Texas 79701	1
4. Location of Well	10. Field and Roal or Wilhout
UNIT LETTER A 660 FEET FROM THE NORTH LINE AND 660 FEET FROM	Caro (San Andres)
THE East LINE, SECTION 8 TOWNSHIP 9-S RANGE 30-E NMPM	AIIIIIIIIIIIIIIIIIIII
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Chaves
16. Check Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
-	T REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	

es, in work) SEE RULE 1103.

ATTACHMENT TO C-103 (4-1-68)

OPTION 2:

- 1.
- 236 cu. ft. Class "C" + 2% CaCl₂ 2.
- 3. 60**°**F
- 63**°**F 4.
- 5. 580 psi
- 6. 14 hours

ORIGINAL SIGNED BY J. D. DUREN Division Mechanical EngineerDATE April 9, 1968 D.L. Lilly TITLE _ SIGNED DATE 111 1960 APPROVED B TITLE PPROVAL, CONDITION ٧:

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