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NEW MEXICO OIL CONSERVATION COMMISSION C.

AUG 9 1 27 PM '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-8638	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
Levick State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Tobac (Pennsylvanian)	
12. County	
Les	

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
Shell Oil Company (Western Division)
3. Address of Operator
P.O. Box 1509, Midland, Texas 79701
4. Location of Well
UNIT LETTER I , 1980 FEET FROM THE south LINE AND 660 FEET FROM THE east LINE, SECTION 20 TOWNSHIP 8-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4391' DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 1103.

1. Treated w/1500 gallons Cardinal 15% MEC Acid down tubing/casing annulus and flushed w/40 BO on vacuum.
2. Recovered load
3. Placed on production.
4. In 24 hrs pumped 159 BO + 10 BW

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

Original Signed By		DATE	
N.W. Harrison			
SIGNED	N.W. Harrison	TITLE	Staff Exploitation Engineer
APPROVED BY		DATE	
CONDITIONS OF APPROVAL, IF ANY:			