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**NEW MEXICO OIL CONSERVATION COMMISSION**

**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<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><b>B-8638</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"/>  | 7. Unit Agreement Name<br>-                            |
| 2. Name of Operator<br><b>Shell Oil Company (Western Division)</b>  | 8. Farm or Lease Name<br><b>Levick State</b>           |
| 3. Address of Operator<br><b>P.O. Box 1509, Midland, Texas 79701</b>  | 9. Well No.<br><b>1</b>                                |
| 4. Location of Well<br>UNIT LETTER <b>I</b> , <b>1980</b> FEET FROM THE <b>south</b> LINE AND <b>660</b> FEET FROM<br>THE <b>east</b> LINE, SECTION <b>20</b> TOWNSHIP <b>8-S</b> RANGE <b>33-E</b> NMPM. | 10. Field and Pool, or Wildcat<br><b>TOBAC (Penn.)</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>4391' DF</b>  | 12. County<br><b>Lea</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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>              | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>             | OTHER <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.

- Treat w/1500 gallons Cardinal 15% MEC acid down tbg/csg annulus.**
- Flush w/oil**
- Recover load**
- Place on production**

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

SIGNED \_\_\_\_\_  
Original Signed By  
**N. W. Harrison**  
APPROVED BY **N.W. Harrison**

TITLE **ENGINEER**  
**Staff Exploitation Engineer**

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: