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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

OCT 10 8 32 AM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. K-3921	
7. Unit Agreement Name -----	
8. Farm or Lease Name HTA State	
9. Well No. 1	
10. Field and Pool, or Wildcat Hightower, East	
12. County Lea	

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 79704	
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 12-S RANGE 33-E NMPM.	

15. Elevation (Show whether DF, RT, GR, etc.) 4230' DF (est.)
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input 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 JOB <input checked="" type="checkbox"/>
OTHER <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.

Spudded at 4:00 p.m., October 3, 1965.  
Ran 312' of 11 3/4" (42#, H-40) casing and cemented at 315' with 300 sacks Class "C" plus 2% CaCl<sub>2</sub>. Plug down at 4:15 a.m., October 4, 1965. Cement did not circulate.  
Filled with ready-mix cement.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Original Signed By R. J. D		R.J.Doubek	Western Div. Mechanical Engr.
SIGNED		TITLE	DATE October 14, 1965
APPROVED BY Joe [Signature]		TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			