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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 2 11 19 AM '66

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

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.  
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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 ---
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Buckley "B"
3. Address of Operator Post Office Box 1509, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER <u>E-3</u> , <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>14-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Denton-Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3819' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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. Pump out free pump, pull standing valve.
2. Treat via tubing with 2000 gallons 15% NEA.
3. Drop standing valve.
4. Place on production.

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

Original Signed By

SIGNED N. W. Harrison N.W. Harrison TITLE Staff Exploitation Engineer DATE July 26, 1968

APPROVED BY John W. Runyan TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: