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LAND OFFICE		
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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

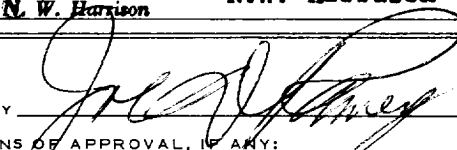
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Shell Oil Company		8. Farm or Lease Name Shelton
3. Address of Operator P.O. Box 1509, Midland, Texas - 79701		9. Well No. 1
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE north LINE AND 2080 FEET FROM west LINE, SECTION 26 TOWNSHIP 14 RANGE 37 NMPM.		10. Field and Pool, or Wildcat Denton Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3826' DF		12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	

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.

FEBRUARY 24 THRU MARCH 5, 1969

1. Pulled tbg and Kobe pump. Ran tbg w/stringer.
2. Set in Baker Model "D" pkr. Pumped 2000 gal 15% NEA (Runco).
3. Ran seal nipple, Kobe pump and tbg to original setting.
4. Put well 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	Staff Operations Engineer	DATE 3-7-69
APPROVED BY 		TITLE SUPERVISOR	DATE
CONDITIONS OF APPROVAL, IF ANY:			