NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

JUN 3? 11 35 AM '66

5a. Indicate Type of Lease

State ☐   Fee ☒

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 ☒   GAS WELL ☐   OTHER-

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__ , __1650__ FEET FROM THE __south__ LINE AND __990__ FEET FROM

THE __east__ LINE, SECTION __13__ TOWNSHIP __18S__ RANGE __37E__ NMPM.

7. Unit Agreement Name

—

8. Farm or Lease Name

Rice

9. Well No.

3

10. Field and Pool, or Wildcat

Hobbs

15. Elevation *(Show whether DF, RT, GR, etc.)*

3676' DF

12. County

Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER _____ ☐

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. Pull rods, pump and tubing.
2. Run 2-60'-1000 grain shots over open hole interval 4020' - 4080'.
3. Check for fill and clean out.
4. Run tubing and treat open hole w/2000 gallons 28% NEA & overflush w/2000 gallons fresh water.
5. Run production equipment and place on production.

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

SIGNED __J. D. Duren__   TITLE Staff Exploitation Engineer   DATE June 29, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: