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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

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 A CHANGE OF WELL OR PLUGGING OF WELL OR A DIFFERENT RESERVOIR. USE FORM C-102 FOR A CHANGE OF WELL OR C-103 FOR A DIFFERENT RESERVOIR.)	
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Shell Oil Company	8. Form or Lease Name McKinley A
3. Address of Operator P.O. BOX 1509, Midland, Texas 79702	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Hobbs
11. Elevation (Show whether DF, RT, GR, etc.) 3663' 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 ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	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.

INSTALL SUBMERSIBLE PUMP

9-06-78: Removed pumping unit.

9-07-78: thru 9-18-78: No Report.

9-19-78: RUPU. Fished parted rods.

9-20-78: Pulled tbg.

9-21-78: Ran 2-7/8" tbg. Ran Reda Electric Submersible Pump. (40 HP).

9-22-78: thru 9-23-78: Hooked up well and started pumping.

9-24-78: thru 9-27-78: Testing. Production Restored.

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

SIGNED J.E. Sullivan TITLE Senior Engr. Tech. DATE 11-17-78

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist. 1, Supv. DATE NOV 27 1978

CONDITIONS OF APPROVAL, IF ANY: