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HOBBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 12 11 31 AM '68

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 - A" (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 McKinley A |
| 3. Address of Operator P. O. Box 1509, Midland, Texas 79701 | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER <u>E</u> , <u>330</u> FEET FROM THE <u>south</u> LINE AND <u>2310</u> FEET FROM THE <u>west</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18-S</u> RANGE <u>38-N</u> N.M.P.M. | 10. Field and Pool, or Wildcat Hobbs |
| 11. Elevation (Show whether DF, RT, GR, etc.) 3659' LF | 12. County Lea |

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"/> | |

7. 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. Pumped 60 BO down annulus, pumped 20 BO via tbg., followed 9/1500 gallons 15% HCl acid.
2. Flushed w/27 BO.
3. Placed on production.
4. In 24 hours flowed 33 BO + 78 Wthru 24/64 choke.

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

Original Signed By J. D. DUREN for H. W. Harrison TITLE Staff Exploitation Engineer DATE July 9, 1968

VED BY [Signature] TITLE _____ DATE _____
DITIONS OF APPROVAL, IF ANY: