

HOGSBG OFFICE O. C. C.

DEC 8 11 55 AM '65

NEW MEXICO OIL CONSERVATION COMMISSION

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

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 - Western Division		8. Operator Lease Name Berry
3. Address of Operator P. O. Box 1509, Midland, Texas 79704		9. Well No. 6
4. Location of Well UNIT LETTER P FEET FROM THE 660 LINE AND 408 FEET FROM east THE 31 LINE, SECTION 18S TOWNSHIP 38E RANGE 38E NMPM.		10. Field and Pool, or Wildcat Bowers
15. Elevation (Show whether DF, RT, GR, etc.) 3640' DF		12. County Lea

16.

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND REMEDIAL WORK ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

Temporarily Abandoned ☒

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.

Well still temporarily abandoned as reported on Form C-103, approved December 7, 1964.

No plans for changing well status in near future.

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

Original Signed By

SIGNED **J. D. DUREN** **J. D. Duren**TITLE **Staff Exploitation Engineer**DATE **December 2, 1965**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: