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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

MAY 27 10 58 AM '66

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 (Western Division)		8. Farm or Lease Name Rice
3. Address of Operator P. O. Box 1509, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER P 330 FEET FROM THE south LINE AND 330 FEET FROM THE east LINE, SECTION 13 TOWNSHIP 18S RANGE 37E N.M.P.M.		10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3673' DF		12. County Lee

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 CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Proposed Operation.

1. Pull rods, pump & tubing
2. Run 2 - 60' - 100 grain shots over perforated interval 4000'-4054'.
3. Run tubing & treat w/2000 gallons 28% acid, overflush w/2000 gallons fresh water.
4. Run rods & pump.
5. Place 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
N. W. Harrison

SIGNED N. W. Harrison TITLE Senior Exploitation Engineer DATE May 25, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: