| NO. OF COPIES RECEIVED   |   |   |                   | Form C-103                     |  |
|--|---|---|-------------------|--------------------------------|--|
| DISTRIBUTION   | 1                                       |   |                   | Supersedes C<br>C-102 and C-   |  |
| SANTA FE   | NEW MEXICO                              | OIL CONSERVATION COMMISSION             | N                 | Effective 1-1-                 |  |
| FILE   | 1                                       |   |                   |                                |  |
| u.s.g.s.   | 1                                       |   | . 5               | a. Indicate Typ                | e of Lease                                       |
| LAND OFFICE  | -                                       |   |                   | State                          | Fee. 🗶   |
| OPERATOR   | -                                       |   | 5                 | . State Oil & G                | as Lease No.                                     |
| OFERATOR   | _                                       |   |                   |                                |  |
| CANADA CA | DV NOTICES AND DEE                      | ODES ON WELLS                           |                   | 7777777                        | VIIIIIIII  |
| 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.)  |   |   | VOIR.             |                                |  |
| T  | TION FOR PERMIT - " (FORM C-            | -101) FOR SUCH PROPOSALS.)              |                   | . Unit Agreeme                 | nt Name  |
| oil 🛣 GAS  |   |   |                   |                                |  |
| WELL WELL OTHER-  2. Name of Operator  |   |   |                   | 8. Farm or Lease Name          |  |
| Shell 011 Company  |   |   | ļ                 | Sanger                         |  |
|  |   |   |                   | . Well No.                     |  |
| 3. Address of Operator P. O. Box 1509, Mic   | dland, Texas 797                        | 01                                      |                   | 6                              |  |
|  |   |   |                   | 10. Field and Pool, or Wildcat |  |
| 4. Location of Well D 1200 North 470   |   |   | 1                 | 1                              |  |
| D 1200 North 470 FEET FROM THE LINE AND FEET FROM  |   |   | FEET FROM         | " TODOS-GLAYDALY 5. A.         |  |
| West   | 27                                      | 18_c 38_F                               |                   |                                |  |
| THE LINE, SECT   | TOWNSH                                  | 18-S 38-E                               | NMPM.             |                                |  |
|  |   |   |                   | 11111111                       | <del>/////////////////////////////////////</del> |
|  | 15. Elevation (S                        | Show whether DF, RT, GR, etc.)          |                   | 12. County                     |  |
|  |   | 3640' DF                                |                   | Lea                            |  |
| 16. Check  | Appropriate Box To                      | Indicate Nature of Notice, Ro           | eport or Othe     | r Data                         |  |
|  | INTENTION TO:                           |   | JBSEQUENT I       |                                | :  |
|  |   |   |                   |                                |  |
| PERFORM REMEDIAL WORK  | PLUG AND A                              | ABANDON REMEDIAL WORK                   |                   | ALTE                           | RING CASING                                      |
| TEMPORARILY ABANDON  |   | COMMENCE DRILLING OPN                   | ıs.               | PLUG                           | AND ABANDONMENT                                  |
| PULL OR ALTER CASING   | CHANGE PL                               |   | <del></del>       |                                |  |
| PULL OR ALTER CASING   | 311111111111111111111111111111111111111 | OTHER                                   | <del></del>       |                                |  |
|  |   |   |                   |                                |  |
| OTHER  |   |   |                   |                                |  |
| 17. Describe Proposed or Completed (   | Operations (Clearly state all           | pertinent details, and give pertinent d | ates, including e | stimated date of               | f starting any proposed                          |
| work) SEE RULE 1103.   | January                                 | 16 thru January 18, 19                  | 70                |                                |  |
| 1. Spudded at 2:00   |   | 20 0 0 0                                |                   |                                |  |
| <del>-</del>   | -                                       | , 24#, K-55, ST&C new c                 | ec w/Dowe         | 11 at 347                      | 1 **/275 ***                                     |
| Class "C" + 2%   | . (333.40 ) 0 3/0<br>                   | , 24", R 33, Bido new C                 | ag. w/Dowe        | II at J4/                      | W/2/J SX   |
|  |   | 70/500 04 10                            | 0                 | T1 4 1 - 1                     | 3 - 1 - 1 - 1 - 1                                |
| J. Frugged down at   | t 7:00 p.m. 1-17-                       | 70 w/500 psi. Circ. 10                  | U SX CMT.         | LTOST UET                      | a o.k. nippied                                   |
|  |   | and checked manifold to                 | 500 ps1/3         | U minutes                      | . Float held                                     |
| o.k. WOC 17-1,   | /2 nrs.                                 |   |                   |                                |  |
| 4. Option 2:   | ē.                                      |   |                   |                                |  |
| 1. 324.50 cu.  |   |   |                   |                                |  |
|  | ss "C" + 2% CaCl                        |   |                   |                                |  |
| 3. 60°F  |   |   |                   |                                |  |
| 4. 64°F  |   |   |                   |                                |  |
| 5. 500 psi   |   |   |                   |                                |  |
| 6. 17-1/2 hour   | rs                                      |   |                   |                                |  |
| 5. Mud disposal pr   | it is located off                       | the lease.                              |                   |                                |  |
| • •  |   |   |                   |                                |  |
|  |   |   |                   |                                |  |
|  |   |   |                   |                                |  |
|  |   |   |                   |                                |  |
|  | for above is two and complet            | te to the best of my knowledge and bel  | ef.               |                                |  |
| 18. I hereby certify that the informati  | on above is true and complet            | to the best of my amoratouge and best   | •                 |                                |  |
| (/ // //_  |   |   |                   |                                | 00.70  |
| SIGNED ALLES J. D.   | Duren                                   | TITLE Staff Operations F                | ngineer           | DATE                           | 20-70  |
| <del>// / / /</del>  |   |   |                   |                                | M 23 1970  |
| V 1.00   | 1/12                                    | , unique mais man, mi                   | <b>#</b> .        | ٠,                             | . ~ 0 (3/ <b>U</b>                               |
| APPROVED BY  | MAMIN                                   | TITLE                                   | * -               | DATE                           |  |
| CONDITIONS OF APPROVAL, IF   | NY:                                     |   |                   |                                |  |
|  |   |   |                   |                                |  |
|  |   |   |                   |                                |  |
| /  |   |   |                   |                                |  |