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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.
575

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

Shell Oil Company (Western Division

8. Farm or Lease Name
State N

3. Address of Operator

P. O. Box 1509, Midland, Texas   79701

9. Well No.
2

4. Location of Well

UNIT LETTER **H**, **1980** FEET FROM THE **north** LINE AND **660** FEET FROM

THE **east** LINE, SECTION **28** TOWNSHIP **17-S** RANGE **35-E** NMPM.

10. Field and Pool, or Wildcat
Vacuum

15. Elevation *(Show whether DF, RT, GR, etc.)*
3942'

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐

OTHER **Frac Treat** ☒

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.

1. Pull production equipment.
2. Run 2 1/2" tubing & set packer @ approximately 4200'.
3. Frac w/20,000 gallons gelled 9# brine using 1 1/2#/gallon 20-40 mesh sand using Temp Trol technique. Use 250 gallons 15% acid spearhead on each stage.
4. Pull tubing and packer.
5. Run production equipment.
6. 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 **Staff Exploitation Engineer**   DATE **April 25, 1968**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: