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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 <input checked="" type="checkbox"/> Fee <input 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 - I" (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	8. Farm or Lease Name State F
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMMP.	10. Field and Pool, or Wildcat Vacuum (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3977 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 ☐
ULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Deepen in San Andres ☒
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.

9-2-73 to 9-11-73

1. Cleaned out to old TD 4725. Drilled to TD 4770'.
2. Fracture treated with 30,000 gal polyemulsion frac fluid + 69,000# sand in 2 stages.
3. Ran 148 jts 2 3/8" tubing, hung at 4700'. Ran 2" x 1 1/2" x 12' pump on 185 3/4" rods.
4. Placed on production

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

SIGNED A. E. Cordray TITLE Staff Engineer DATE 10-26-73

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: