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LAND OFFICE	
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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" (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 I
3. Address of Operator P.O. Box 1509, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER E , 2310 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 17S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3976 DF	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 <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>

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.

11-2-72 to 11-7-72

Acidized with 3000 gals 15% NEA. Ran 132 jts 2 3/8" tubing, hung at 6379'. Ran 1 1/2" x 1 1/4" x 16' pump. Placed on production.

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

SIGNED James E. Sullivan for A. E. Cordray
TITLE Staff Engineer DATE 12-13-72

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE DEC 18 1972
CONDITIONS OF APPROVAL, IF ANY: