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# NEW MEXICO OIL CONSERVATION COMMISSION

JUL 9 2 20 PM '69

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Shell Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	7. Unit Agreement Name
4. Location of Well UNIT LETTER P 660' FEET FROM THE South LINE AND 660 FEET FROM THE East TOWNSHIP 17-S RANGE 35-E N.M.P.M.	8. Farm or Lease Name State B
10. Field and Pool, or Wildcat Vacuum	9. Well No. 1
11. Elevation (Show whether DF, RT, GR, etc.) 3983 DF	12. County Lea

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 ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐ Acidize

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.

June 27 thru July 6, 1969

1. Set rods and pump on bottom.
2. Pressured tbg to 2000 psi. Acidized via csg-tbg annulus with/3000 gallons 15% NEA with 5 gallons 14-N/gallon in 6-500 gallon stages with 75# graded unbeads in 100 gal. refined oil between stages.
3. Preceded acid treatment with 60 Bbls. lease crude.
4. Placed well on production.

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

ED BY J. W. Harrison for N. W. Harrison TITLE Staff Operations Engr. DATE 7-8-69  
ED BY [Signature] TITLE [Signature] DATE [Signature]  
TIONS OF APPROVAL, IF ANY: