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NEW MEXICO OIL CONSERVATION COMMISSION

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

4. Indicate Type of Lease  
State ☐ Fee ☒

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 <b>Shell Oil Company (Western Division)</b>	8. Farm or Lease Name <b>East Pearl Queen Unit</b>
3. Address of Operator <b>P.O. Box 1509, Midland, Texas 79701</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>G</b> , <b>2310</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>east</b> LINE, SECTION <b>22</b> TOWNSHIP <b>19-S</b> RANGE <b>35-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Pearl Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>Not Available</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐ CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

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. Install high pressure valve in tubing and casing
2. Treat w/hot water followed W/1500 gallons 7 1/2% Dolowash Acid
3. Flush W/Water
4. 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

SIGNED N. W. Harrison **H. W. Harrison**

TITLE **Staff Exploitation Engineer**

DATE **August 2, 1967**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: