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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.

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 East Pearl Queen Unit
2. Name of Operator Shell Oil Company	8. Farm or Lease Name East Pearl Queen Unit
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER E 2080 FEET FROM THE North LINE AND 610 FEET FROM THE west LINE, SECTION 22 TOWNSHIP 19-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Pearl Queen
11. Elevation (Show whether DF, RT, GR, etc.) 3765 DF	12. County Lea

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

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER **Acidize**

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. Acidize via tbg.-csg. annulus w/4000 gals. 15% NEA.
 - A. Pump 100 bbls. formation water.
 - B. Pump 1000 gals. 15% NEA.
 - C. Pump saturated brine gel w/500# rock salt.
 - D. Pump 1000 gals. 15% NEA.
 - E. Pump saturated brine gel w/500# rock salt.
 - F. Pump 1000 gals. 15% NEA.
 - G. Pump saturated brine gel w/500# rock salt.
 - H. Pump 1000 gals. 15% NEA.
 - I. Flush to formation w/formation water.
 - J. Use additives as recommended.
 - K. Pump w/1 truck at approximately 3 BPM.
2. Pump load and test.

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

SIGNER N.W. Harrison TITLE Staff Operations Engineer DATE 3-25-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 7 DATE _____

CONDITIONS OF APPROVAL, IF ANY: