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NEW MEXICO OIL CONSERVATION COMMISSION
JUN 20 2 34 PM '69

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.
7. Unit Agreement Name
8. Farm or Lease Name State A
9. Well No. 1
10. Field and Pool, or Wildcat Vacuum
12. County Lea

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"/>
2. Name of Operator Shell Oil Company
3. Address of Operator P. O. Box 1509, Midland, Texas 79701
4. Location of Well UNIT LETTER B , 1980 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 31 TOWNSHIP 17-S RANGE 35-E NMPM.
11. Elevation (Show whether DF, RT, GR, etc.) 3989' DF

16. Check Appropriate Box To Indicate Nature of Notice. Report or Other Data

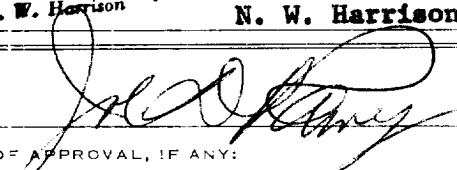
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER Acidize <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.

June 10 thru June 15, 1969

1. Set rods on bottom.
2. Acidize via casing with 3000 gallons 15% NEA in 6 stages. Used 5 stages of 75# graded Unibeads in refined oil each stage.
3. Placed well 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 **N. W. Harrison**
SIGNED **N. W. Harrison** TITLE **Staff Operations Engineer** DATE **6-17-69**
APPROVED BY  TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____