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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

APR 1 1969

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1400	

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 T
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum (GB/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3939' DF	12. County Lea

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 JOBS <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.

MARCH 30 THRU APRIL 6, 1969

1. Acidized via tubing-casing annulus w/7500 gallon 15% NEA.
2. Pumped 1 drum Tretolite OS 2520 followed w/600# Uni-Beads.
3. Flushed to formation w/formation water.
4. Placed on production.

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

SIGNED	Original Signed By N. W. Harrison	N. W. Harrison	TITLE	Staff Operations Engr.	DATE	4-8-69
APPROVED BY			TITLE	SUPERVISOR DISTRICT 1	DATE	APR 1 1969
CONDITIONS OF APPROVAL, IF ANY:						