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OR			

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
State E	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Vacuum Glorieta	
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.)

WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
1. Name of Operator		
Shell Oil Company		
3. Address of Operator		
P. O. Box 1509, Midland, Texas 79701		
4. Location of Well		
UNIT LETTER	N	660
FET FROM THE	South	1701
FET FROM		
THE	West	31
LINE, SECTION	TOWNSHIP	17S
RANGE	35E	NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3996 DF

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"/>	

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.

4-2-75

Pumped 500 gal 15% NEA down casing. Flushed with 195 bbls lease crude. Placed on production.

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

SIGNED N. W. Harrison TITLE Staff Production Engineer

6-4-75

Orig. Signed By
John Runyan

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: