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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

AUG 27 11 25 AM '66

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-1399

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	8. Farm or Lease Name
Shell Oil Company (Western Division)	State M
3. Address of Operator	9. Well No.
P. O. Box 1509, Midland, Texas 79701	4
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER P, 330 FEET FROM THE south LINE AND 450 FEET FROM	Vacuum (Glorieta)
THE east LINE, SECTION 29 TOWNSHIP 17S RANGE 35E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3964' DF	Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ Installed Pumping Equipment

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

August 18, 1966 thru August 24, 1966

Installed Lufkin C-228D-246-74 pumping unit on portable base.
25 HP Westinghouse Electric Motor.

In 10 hrs pumped 62 BO + 1 BW on 11 1/2-74" SPM.
Gr. 38.6°API. GOR 484.

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

SIGNED R. J. Doubek For: R. J. Doubek TITLE Division Mechanical Engineer DATE August 25, 1966

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: