NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes Old C-102 and C-103		
SANTA FE	NEW MEXICO	OIL CONSERVATION COMMISSI	ON	Effective 1-1-65		
FILE			_			
U.S.G.S.			5	a. Indicate Type of	Fee Fee	
LAND OFFICE			<u> </u>	State X 5. State Oil & Gas L		
OPERATOR). Sidie Oit & Gds L	.edse 1.0.	
					mmm	
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.)				7, Unit Agreement Name		
OIL X GAS WELL	OTHER-					
2. Name of Operator				8. Farm or Lease No	ıme	
Shell Oil Company				State A		
1. Address of Operator				9. Well No.		
P. O. Box 1509, Midland, Texas 79701				1 10. Field and Pool, or Wildcat		
4. Location of Well				Monument		
UNIT LETTER P 660 FEET FROM THE SOUTH LINE AND 660 FEET FR				THOREME IT	mmm	
THE East LINE, S	ECTION 35 TOWNSHIP	, 19S RANGE 36E	NMPM.			
	15. Elevation (Sh	ow whether DF, RT, GR, etc.)		12. County	44444	
	////////	594 DF		Lea		
16. Cha		ndicate Nature of Notice, R	eport or Othe	e Data		
	FINTENTION TO:		UBSEQUENT			
	PLUG AND AB	ANDON REMEDIAL WORK	X	ALTERING	CASING	
PERFORM REMEDIAL WORK	PLUG AND AB	COMMENCE DRILLING OP			ABANDONMENT	
TEMPORARILY ASANDON PULL OR ALTER CASING	CHANGE PLAN	\Box				
Pace of Actes casting		OTHER				
ОТНЕЯ						
						
17. Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Clearly state all p	ertinent details, and give pertinent d	lates, including e	stimated date of sta	rting any proposed	
•		·				
	8 - 27 - 7	4 to 8-28-74				
 Acidized of Ran 133 jts 	s 2 7/8" tubing, hun	with 4000 gal FE stabi g at 3915'. Ran 2 1/2 Placed on production	2" x 2" x 1	NEA. 1/2" × 16'		
	,					
18. I hereby certify that the inform	ation above is true and complete	to the best of my knowledge and beli	ief.			
· . /	U	N. W. Harrison				
IGNED - THE	Incere for	TITLE Staff Production	ı Engineer	DATE 9-16.	- 74	
	Orig Signed by					
	Joe D. Ramey				₹ }	
12270787 BY	Dist. I, Supy	TITLE		DATE	32	
A DESCRIPTIONS OF ADDROVAL IF	ANY:					

SONDITIONS OF APPROVAL, IF ANY:

RED

SET 17 10%

OL COMSERMATOR COMM.