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NEW MEXICO OIL CONSERVATION COMMISSION. O. O.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

APR 20 11 55 AM '67

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1398	

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, (Western Division)	8. Farm or Lease Name State "E"
3. Address of Operator P.O. Box 1509, Midland, Texas 79701	9. Well No. 2Y
4. Location of Well UNIT LETTER D , 330 FEET FROM THE north LINE AND 330 FEET FROM THE west LINE, SECTION 13 TOWNSHIP 20-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3561' DF	12. County Lea

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 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 <input checked="" type="checkbox"/> Temporarily Abandoned

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.

April 16, 1967

1. Pulled tubing.
2. Installed 1" high pressure valve on casing and 1" needle valve on tubing.
3. Disconnected flow line.
4. Temporarily abandoned at 12:00 P.M., April 16, 1967

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

SIGNED <u>N. W. Harrison</u>	TITLE <u>Staff Exploitation Engineer</u>	DATE <u>April 19, 1967</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		