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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

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	8. Farm or Lease Name
Shell Oil Company	State L
3. Address of Operator	9. Well No.
P. O. Box 1358, Roswell, New Mexico	2-A
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER X , 330 FEET FROM THE south LINE AND 990 FEET FROM	Eumont
THE east LINE, SECTION 1 TOWNSHIP 21-S RANGE 35-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3588' df	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 OPERATIONS <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.

Operation: April 5 thru 22, 1965

1. Killed well and pulled tubing.
2. Ran two 100 grains/ft string shots over perms 3804' - 3862'.
3. Reran tubing and set packer at 3734'. Hung tubing open ended at 3764'.
4. Acid treated with 1000 gallons 15% NEA containing Fe additive.
5. Swabbed well and recovered load.
6. In 24 hours flowed 10 BO + 2 BW on 24/64" choke. FTP 350 psi.

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

SIGNED Original Signed By C. R. Coffey TITLE Acting District Exploitation Engineer DATE April 23, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: