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DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	10388 THE P. G. G. NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE		100
U.S.G.S.	FEB 6 7 42 AH '6	
	1 U U I 42 AM 16	5a. Indicate Type of Lease
		State 🗶 Fee
OPERATOR		5. State Cil & Gas Lease No.
		B-1167
(DO NOT USE THIS FORM FOR PRO USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS posals to drill or to deepen or plug back to a different reservoir. Ion for permit	
· · · · · · · · · · · · · · · · · · ·		7. Unit Agreement Name
WELL WELL	OTHER-	-
Name of Operator		8. Farm or Lease Name
Shell Oil Company (Wes	stern Division)	State H
Address of Operator		
Address of Operator		9. Well No.
•	nd. Texas 79701	9. Well No.
P. 0. Box 1509. Midlan	nd, Texas 79701	6
P. O. Box 1509, Midlan Location of Well		6 10. Field and Pool, or Wildcart
P. O. Box 1509, Midlan Location of Well	180 FEET FROM THE LINE AND FEET F	6 10. Field and Pool, or Wildcart
P. O. Box 1509, Midlan Location of Well UNIT LETTERG, 19	80 FEET FROM THE NOTTH LINE AND 2310 FEET F	6 10. Field and Pool, or Wildcat Rom
P. O. Box 1509, Midlan Location of Well UNIT LETTERG, 19		6 10. Field and Pool, or Wildcat Rom
P. O. Box 1509, Midlan Location of Well UNIT LETTERG, 19	80FEET FROM THEOPTEDLINE AND2310FEET F	6 10. Field and Pool, or Wildcat ROM MPM.
P. O. Box 1509, Midlan Location of Well UNIT LETTERG, 19	13 TOWNSHIP 21S RANGE 35E NV 15. Elevation (Show whether DF, RT, GR, etc.) 15. Clevation (Show whether DF, RT, GR, etc.) 15. Clevation (Show whether DF, RT, GR, etc.) 15. Clevation (Show whether DF, RT, GR, etc.)	6 10. Field and Pool, or Wildcat Bumont
P. O. Box 1509, Midlan Location of Well UNIT LETTER , 19 THE LINE, SECTION	80 FEET FROM THE	6 10. Field and Pool, or Wildcat ROM APM. 12. County Lea
P. O. Box 1509, Midler Location of Well UNIT LETTER, THE LINE, SECTION 6. Check A	PEET FROM THE NOTTH LINE AND 2310 FEET F N 13 TOWNSHIP 21S RANGE 35EN 15. Elevation (Show whether DF, RT, GR, etc.) 3594' DF Appropriate Box To Indicate Nature of Notice, Report or	6 10. Field and Pool, or Wildcat ROM APM. 12. County Lea
P. O. Box 1509, Midlan Location of Well UNIT LETTERG,9 THECLINE, SECTION	PEET FROM THE NOTTH LINE AND 2310 FEET F N 13 TOWNSHIP 21S RANGE 35E NF 15. Elevation (Show whether DF, RT, GR, etc.) 3594' DF Appropriate Box To Indicate Nature of Notice, Report or TENTION TO	6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data
P. O. Box 1509, Midler Location of Well UNIT LETTER, THELINE, SECTION 6. Check A	PEET FROM THE NOTTH LINE AND 2310 FEET F N 13 TOWNSHIP 21S RANGE 35E NF 15. Elevation (Show whether DF, RT, GR, etc.) 3594' DF Appropriate Box To Indicate Nature of Notice, Report or TENTION TO	6 10. Field and Pool, or Wildcat ROM APM. 12. County Lea
P. O. Box 1509, Midler Location of Well UNIT LETTER THE LINE, SECTION Check A NOTICE OF IN	PEET FROM THE NOTTH LINE AND 2310 FEET F N 13 TOWNSHIP 21S RANGE 35E NF 15. Elevation (Show whether DF, RT, GR, etc.) 3594' DF Appropriate Box To Indicate Nature of Notice, Report or TENTION TO	6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data ENT REPORT OF:
P. O. Box 1509, Midlan Location of Well UNIT LETTERG,G THECLINE, SECTION THECLINE, SECTION Check A NOTICE OF IN		6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING
Check A NOTICE OF IN		6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data ENT REPORT OF:
P. O. Box 1509, Midlan Location of Well UNIT LETTERG, 19 THEGLINE, SECTION 6. Check A NOTICE OF IN PERFORM REMEDIAL WORK X TEMPORARILY ABANDON	BO FEET FROM THE NOTTH LINE AND 2310 FEET FROM THE N 13 TOWNSHIP 21S RANGE 35E NF 15. Elevation (Show whether DF, RT, GR, etc.) 3594' DF DF Appropriate Box To Indicate Nature of Notice, Report or TENTION TO: SUBSEQUE PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB CASING TEST AND CEMENT JQB	6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING
P. O. Box 1509, Midler Location of Well UNIT LETTER, THELINE, SECTION 6. Check A		6 10. Field and Pool, or Wildcat ROM MPM. 12. County Lea Other Data ENT REPORT OF: ALTERING CASING

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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.

1. Treat with 100 barrels gelled water containing Guar Gum, followed with 1000 gallons 28% acid, and overflush with 24 barrels formation water.

- 2. Recover load.
- 3. Place on production.

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

-	nal Signe d By W. Harrison	N.W. Ha	rrison	TITLE Senior Exploitation Engineer	DATE February 3, 1967
APPROVED BY	F APPROVAL, IF AN			TITLE	DATE