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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-9745	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
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		8. Farm or Lease Name State (Sec. 2)
3. Address of Operator P. O. Box 1858, Roswell, New Mexico		9. Well No. 2
4. Location of Well UNIT LETTER L , 4620 FEET FROM THE south LINE AND 660 FEET FROM THE west LINE, SECTION 2 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3496' df		12. County Lea

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 checked="" 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"/>	

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.

Well was not acidized

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

Original Signed By
C. R. Coffey

SIGNED **C. R. Coffey** TITLE **Acting District Exploitation Engineer** DATE **April 23, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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SUBSEQUENT REPORT OF:

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CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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We propose to acid treat.

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 District Exploitation Engr. DATE April 15, 1965

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: