

DEC 8 11 55 AM '65

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

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 Livingston
3. Address of Operator P. O. Box 1509 - Midland, Texas 79704		9. Well No. 12
4. Location of Well UNIT LETTER <u>I</u> , <u>4620</u> FEET FROM THE <u>south</u> LINE AND <u>560</u> FEET FROM THE <u>east</u> LINE, SECTION <u>4</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3464' DF		12. County Lee

16.

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Temporarily Abandoned ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 is producing from Blinbry Oil Zone. Drinkard Zone still temporarily abandoned as reported on Form C-103, approved February 16, 1965.
No plans for changing well status in near future.

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

SIGNED Original Signed By J. D. Duren TITLE Staff Exploitation Engineer DATE December 2, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: