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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

APR 1 1969

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	8. Farm or Lease Name Livingston
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER S , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) 3435 DF	12. County Lea

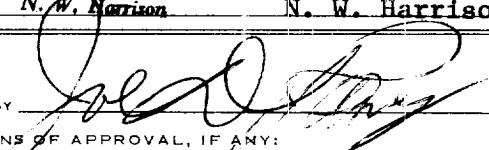
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <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.

March 30 thru April 6, 1969

1. Acidized with 1000 gal 15% NEA.
2. Cleaned tbg with paraffin knife and flowed well overnight to dry tbg.
3. Place well on production.

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

Original Signed By N. W. Harrison	TITLE Staff Operations Engineer	DATE 4-8-69
APPROVED BY 	TITLE Superintendent	DATE 4-8-69
CONDITIONS OF APPROVAL, IF ANY:		