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**NEW MEXICO OIL CONSERVATION COMMISSION**

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

AUG 21 11 43 AM '66

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 Argo
3. Address of Operator P. O. Box 1509, Midland, Texas 79701		9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>south</u> LINE AND <u>2310</u> FEET FROM THE <u>west</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M.		10. Field and Pool, or Wildcat Wantz-Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3441' DF		12. County Lea

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.

1. Pulled rods, pump and tubing.
2. Disconnected flow line.
3. Installed high pressure valve.
4. Temporarily abandoned July 27, 1966.

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

SIGNED N. W. Harrison N. W. Harrison TITLE Senior Exploitation Engineer DATE August 23, 1966

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: