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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 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 Turner
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 8
4. Location of Well UNIT LETTER <u>L</u> <u>1740</u> FEET FROM THE <u>South</u> LINE AND <u>350</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NWPM.	10. Field and Pool, or Wildcat Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) 3430 DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER	Shut off pressure on bradenhead <input checked="" 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.

1-8-75

Pulled tubing and packer. Ran Baker Model R single grip packer on 220 jts 2" tubing, hung at 6645'. Packer at 6370-74'. Kicked off well. CP 0 psi. Bradenhead pressure 0 psi.

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

SIGNED N. W. Harrison TITLE Staff Production Engineer DATE 1-28-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: