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LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
DEC 15 11 31 AM '65

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.	
-	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
Turner	
9. Well No.	
11	
10. Field and Pool, or Wildcat	
Blinebry	
12. County	
Lea	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Shell Oil Company - Western Division
3. Address of Operator Box 1509 - Midland, Texas
4. Location of Well UNIT LETTER <u>N</u> , <u>915</u> FEET FROM THE <u>south</u> LINE AND <u>1650</u> FEET FROM THE <u>west</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21</u> RANGE <u>37</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3420' DF

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 JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Operation: December 1 thru December 5, 1965

1. Killed well.
2. Lowered packer 151' & reset at 5838'. Hung tubing at 5936'.
3. Swabbed well.
4. In 17 hours flowed 72 BO thru 20/64" choke. FTP 625 psi. CP 900 psi
5. Operation unsuccessful.

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

SIGNED Original Signed By N. W. Harrison N. W. Harrison TITLE District Exploitation Engr. DATE Dec. 9, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: