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NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 12 11 52 AM '67

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Turner
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 13
4. Location of Well UNIT LETTER N . 880 FEET FROM THE south LINE AND 1685 FEET FROM THE west LINE, SECTION 22 TOWNSHIP 21S RANGE 37E N.M.P.M.	10. Field and Pool, or Wildcat Blinebry (Gas)
15. Elevation (Show whether DF, RT, GR, etc.) 3420' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

September 12, 1967 through September 17, 1967

1. Treated perforations 5510'-5621' via 2" x 5 1/2" annulus w/2000 gallons 15% NE acid + 1200 SCF/bbl. CO₂.
2. Flushed w/104 bbls. condensate + 1200 SCF/bbl. CO₂.
3. Recovered load.
4. Placed back on production.
5. In 24 hours flwd. 1700 MCF w/CP 600 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 Original Signed By N. W. Harrison TITLE Staff Exploitation Engineer DATE September 19, 1967

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: