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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 13 8 49 AM '67

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

5a. Indicate Type of Lease
State ☐ Fee ☒

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 <input type="checkbox"/>	7. Unit Agreement Name ---
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Turner
3. Address of Operator Post Office Box 1509, Midland, Texas 79701	9. Well No. 13
4. Location of Well UNIT LETTER <u>N</u> <u>880</u> FEET FROM THE <u>South</u> LINE AND <u>1685</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 JOBS <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.

1. Treat via 2" x 5 1/2" annulus with 2000 gallons 15% acid, flush with condensate.
2. Flow back and recover load.
3. Place on production.

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 Exploitation Engineer DATE September 14, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: