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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 21 3 27 PM '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.	
15	
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator
Shell Oil Company - Western Division
3. Address of Operator
P. O. Box 1509 - Midland, Texas
4. Location of Well
UNIT LETTER <u>0</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21</u> RANGE <u>37</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3416'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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 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. Pull tubing and packer.
2. Plug back with sand to 5755'.
3. Run tubing and packer and set packer at 5500'. Squeeze cement perforations 5674'-5755'.
4. Clean out sand, set packer 5765'.
5. Swab test Blinebry.
6. Take packer leakage test.

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

SIGNED Original Signed By O. R. Coffey for N.W. Harrison TITLE District Senior Engineer DATE October 20, 1965

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____