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LAND OFFICE		
OPERATOR		

HOBBS OFFICE O.S.G.
 NEW MEXICO OIL CONSERVATION COMMISSION
 Nov 19 11 49 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. 2
10. Field and Pool, or Wildcat Drinkard
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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
 Shell Oil Company-Western Division

3. Address of Operator
 Box 1509 - Midland, Texas

4. Location of Well
 UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM
 THE West LINE, SECTION 22 TOWNSHIP 21 RANGE 37 N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
 3427' D. F.

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"/>	REMEDIAL WORK <input 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.

We propose to acid treat with 500 gallons 15% NEA.

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

Original Signed By
 SIGNED J. D. Duren TITLE Staff Exploitation Engr. DATE Nov. 16, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: