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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION:

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

MAY 3 10 19 1967

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-1167</b>
7. Unit Agreement Name ---
8. Farm or Lease Name <b>State JJ</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
12. County <b>Lea</b>

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-
2. Name of Operator <b>Shell Oil Company (Western Division)</b>
3. Address of Operator <b>Post Office Box 1509, Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>13</b> TOWNSHIP <b>23-S</b> RANGE <b>36-E</b> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3381' DF</b>

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐ **Temporarily Abandon** ☒

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.

APRIL 27, 1967

1. Pulled rods and tubing.
2. Installed 2" tubing valve.
3. Temporarily abandoned April 27, 1967.

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

Original Signed By  
SIGNED N. W. Harrison TITLE Staff Exploitation Engineer DATE May 2, 1967

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: