

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 25 1 30 AM '69

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Shell Oil Company	8. Farm or Lease Name Rinewalt
3. Address of Operator P.O. Box 1509, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER C 760 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Wantz-Abo., Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3462 DF	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

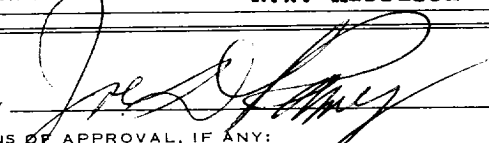
SUBSEQUENT REPORT OF:

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 JOB	<input type="checkbox"/>	OTHER	<input checked="" 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.

- Uncovered well head.
- Inspected Bradenhead connections.
- Inspected and approved by NMOC 8-22-69.

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

Original Signed By N. W. Harrison	N.W. Harrison	TITLE Staff Operations Engr.	DATE 8-25-69
APPROVED BY 		TITLE Staff Operations Engr.	DATE AUG 27 1969
CONDITIONS OF APPROVAL, IF ANY:			