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NEW MEXICO OIL CONSERVATION COMMISSION

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 Grizzell
9. Well No. 6
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 <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>I</u> , <u>2200</u> FEET FROM THE <u>south</u> LINE AND <u>420</u> FEET FROM THE <u>east</u> LINE, SECTION <u>8</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3417' df

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Place on production ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Order MC-1644, dated July 14, 1965.
Placed well back on production and dually completed with Blinebry (gas).
In 24 hours, flowed 7 BO thru 40/64" choke. FTP 60 psi. GOR 21,600.
Gravity 37.1 deg. API.

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

Original Signed By C. R. Coffey Acting District C. R. Coffey TITLE Exploitation Engr. DATE October 11, 1965

VED BY _____ TITLE _____ DATE _____

ITIONS OF APPROVAL, IF ANY: