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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 12-65

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MAR 23 1970

5a. Indicate Type of Lease ☒ See ☐

5. State Oil & Gas Lease No.

OIL CONSERVATION COMMISSION

HOBBS, N.M.

SUNDY 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 TO DRILL (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 State JP
3. Address of Operator P.O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER _____ FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE, SECTION _____ TOWNSHIP _____ RANGE _____ NEPM.	10. Field and Pool, or Well Unit Justis Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3181' DF	16. County Lea

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER **Open Additional Pay & Acidize** ☒

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.

7. Acidized with 3000 gal Howco 15% NEA followed by 4500 gal frac pre-pad, consisting of 1% KCL wtr containing 40# Adomite Aqua and 1 gal Morflo II per 1000 gal, followed with 4500 gal My-T-Frac.

8. Ran 2 3/8" tbg in Devonian. Installed triple well head. Pressure tested well head at 5000 psi. Held O.K.

9. Placed on Production.

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

SIGNED _____ TITLE _____ DATE _____

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: