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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	
7 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Waterflood Unit	7. Unit Agreement Name Langlie Mattix Unit 1
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Langlie Mattix Unit /
3. Address of Operator Post Office Box 1509, Midland, Texas 79701	9. Well No. 5
4. Location of Well UNIT LETTER 0 , 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3189' DF	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

1. Pull tubing and packer.
2. Check for fill and clean out if necessary.
3. Run tubing and packer.
4. Treat with 5000 gallons 15% NEA + 4#/1000 gallons FR-10, 3 gallons/1000 14-N and 1 gallon/1000 gallons HAI 50 using ball sealers.
5. Pull tubing and packer.
6. Rerun injection equipment.

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 N.W. Harrison

TITLE Staff Exploitation Engineer

DATE October 19, 1967

APPROVED BY [Signature]

TITLE SUPERVISOR OF DISTRICT

DATE

CONDITIONS OF APPROVAL, IF ANY: