NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
SUND (DO NOT USE THIS FORM FOR P USE "APPLIC"	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. LYION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.	
OIL GAS WELL		7. Unit Agreement Name
2. Name of Operator	OTHER+	8. Farm or Lease Name
·		
Shell Oil Company 3. Address of Operator		Cooper A 9. Well No.
	1 - 70704	1
P. O. Box 1509, Midla	and, Texas /9/01	10. Field and Pool, or Wildcat
ъ	330 North 2310	Eunice Monument (G-SA
UNIT LETTER	330 FEET FROM THE North LINE AND 2310 FEET	FROM Editice Politiment (G-SE
Park	, 20c 27E	
THE East LINE, SEC	TION 4 TOWNSHIP 20S RANGE 37E	имрм. (
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3563' DF	Lea (\\\\\\\
Check	: Appropriate Box To Indicate Nature of Notice, Report of	or Other Data
NOTICE OF	INTENTION TO: SUBSEQ	UENT REPORT OF:
		<u> </u>
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	Temporarily Abandon X
OTHER		
	Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.		
	ducing in commercial quantities and was tempo	
	well for possible use in a waterflood in 197 determine if it can be returned to production	
reviewed in 1975 to 6	retermine if it can be returned to production	•
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		les 2/1/25
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	1 /6	1///>
		~//3
	•	•
To the second of second second	about is true and complete to the heat of my knowledge and helief	<del></del>
18. I hereby certify that the information	on above is true and complete to the best of my knowledge and belief.	
-7, 11	N. W. Harrison	
Mutan	TITLE Staff Production Engin	eer DATE 10-28-74

CONDITIONS OF APPROVAL, IF ANY: