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LAND OFFICE	
OPERATOR	

MINES OFFICE O. C. C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 JUN 26 9 07 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-4086	
7. Unit Agreement Name ---	
8. Farm or Lease Name State "C"	
9. Well No. 2	
10. Field and Pool, or Wildcat Monument	
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 79701	4. Location of Well UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 24 TOWNSHIP 19S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3708' DF	

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input 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 checked="" type="checkbox"/> Temporarily Abandoned

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.

Well still temporarily abandoned as reported on Form C-103, approved June 22, 1955.

No plans for changing well status in near future.

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 TITLE Staff Exploitation Engineer DATE June 21, 1967
 APPROVED BY [Signature] TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: