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LAND OFFICE		
OPERATOR		

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 Fee

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 GAS WELL OTHER- **Injector**

7. Unit Agreement Name

2. Name of Operator
Shell Oil Company

8. Farm or Lease Name
East Pearl Queen Unit

3. Address of Operator
P. O. Box 1509, Midland, Texas 79701

9. Well No.
46

4. Location of Well
UNIT LETTER **H** **1980** FEET FROM THE **North** LINE AND **660** FEET FROM

10. Field and Pool, or Wildcat
Pearl Queen

THE **East** LINE, SECTION **34** TOWNSHIP **19S** RANGE **35E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3706 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 PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER Temporarily Abandon

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.

This well reached the economic limit in this waterflood and was temporarily abandoned 8-23-72.

We wish to hold this well for a possible tertiary recovery project planned three to four years in the future. We are currently conducting a tertiary recovery pilot project in the Benton Unit, Illinois, a field similar to the East Pearl Queen and are waiting on the results of that project.

Expires 10/1/75

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

SIGNED N. W. Harrison TITLE Staff Production Engineer DATE 10-28-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: