Submit 3 Copies to Appropriate District Office

State of New Mexico Ene. , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

	Kevbeg	1-1-03
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L API NO.		-1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-07369		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. 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.)		7. Lease Name or Unit Agreement Name		
I. Type of Well: ORL GAS WELL WELL	отнек []	IJECTOR	N. HOBBS (G/SA) UNIT SECTION 19	
2. Name of Operator			8. Well No.	
SHELL WESTERN E&P INC.			9. Pool name or Wildcat	
3. Address of Operator P. 0. BOX 576, HOUSTON, TX 4. Well Location	77001 (WCK 523	7.)	HOBBS (G/SA)	
Unit Letter B: 1309 Feet I	From The NORTH	Line and2310	Feet From The EAST Line	
Section 19 Town	shin 18S Ra	nge 38E 1	NMPM LEA County	
Section 19 Township 183 Range 38E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667 GL				
11. Check Appropri	iate Box to Indicate I	Nature of Notice, Ro	eport, or Other Data	
NOTICE OF INTENTIO	ON TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLU	IG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER:		OTHER:	TA'D X	
12. 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. 3-30 to 4-01-94: POH w/inj eamt. Set CIBP @ 4150' & capped w/35' cmt. RIH w/OE tbg to 3990'. Circ inhib fl. PT csg to 500#, held. (Chart attached) POH w/tbg. Secured well for TA status. Well is TA'd.				
Pursuant to the provisions of NMOCD Rule 203, Shell Western hereby requests temporary abandonment approval for a period of five years.				
		is Approval of andonment Expir		
I hereby certify that the information above is true and comple	ete to the best of my knowledge and		ASSET ADMIN. PATE 4/14/94	
SIGNATURE / Marcin ha	alls m			
TYPE OR PRINT NAME A. J. DURRANI		(713) 5	644-3797 телерноме мо.	
(This space for State Use)			APR 19 1994	
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CONDITIONS OF APPROVAL, IF ANY:

