Submit 3 Copies to Appropriate

APPROVED BY ___

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Solution	District Office				
SARTA FE, New Mexico 87304-2088 5. Indicate Type of Lease STATE FEE				WELL API NO.	
SISTELIC III				5. Indicate Type of Lease	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Type of Well: OIL GAS WELL OTHER INJECTOR (TA'D) N. HOBBS (G/SA) UNIT OTHER INJECTOR (TA'D) 8. Well No. 242 Shell Western E&P Inc. 1. Address of Operator P.O. Box 576, Houston, TX 77001 1. Well Location Unit Letter Section 18 Township 18S Range 38E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3665.39' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB THER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.					
(DO NOT USE THIS FORM POR PROPOSALS ID THILL ON TO EXPEND MY TO EXECUTE A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL WELL GAS WELL OTHER INJECTOR (TA'D) 2. Name of Operator Shell Western E&P Inc. 3. Address of Operator P.O. Box 576, Houston, TX 77001 4. Well Location Unit Letter N : 1200 Feet From The South Section 18 Township 18 Township 18 Range 38E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3665.39' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CASING TEST AND CEMENT JOB OTHER: MIT OTHER: MIT 12. Describe Proposed or Completed Operations Work) SEE RULE 1103.	CLINIDDY NOTICE	ES AND REPORTS ON WELL	S		
Type of Well: Old Well OTHER INJECTOR (TA'D)	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A				ime
Name of Operator Shell Western E&P Inc. 242	I. Type of Well: OIL GAS WELL WELL	OTHER INJEC	∓⊖R (TA'D)		
A decision of the properties o	2. Name of Operator Shell Western E&P Inc.			1 7	
4. Well Location Unit Letter N : 1200 Feet From The SOUTH Line and 2600 Feet From The Line Line and 2600 Feet From The Line Line Line and 2600 Feet From The Line Line Line Line and 2600 Feet From The Line Line Line Line Line Line and 2600 Feet From The Line Line Line Line Line Line Line Lin	3. Address of Operator P.O. Box 576, Houston, TX	77001		9. Pool name or Wildcat HOBBS (G/SA)	
18 Township 18S Range 38E NMPM LEA County	4 Well Location		Line and 260	Peet From The WEST	Line
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3665.39' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT ULL OR ALTER CASING CASING CASING TEST AND CEMENT JOB OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.	40	Townshin 185		141/11 1/1	County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: ERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.	Section 10	10. Elevation (Show when	ether DF, RKB, RT, GR,	etc.)	
NOTICE OF INTENTION TO: ERFORM REMEDIAL WORK	Check An	//////	e Nature of Notic	e, Report, or Other Data	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT ULL OR ALTER CASING OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.		- -	SL	BSEQUENT REPORT	OF:
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: MIT 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.	EREORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASI	ng [
CASING TEST AND CEMENT JOB OTHER: Describe Proposed or Completed Operations work) SEE RULE 1103. CASING TEST AND CEMENT JOB OTHER: MIT Casing Test and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.		CHANGE PLANS	COMMENCE DRILLI	NG OPNS. PLUG AND ABAN	NDONMENT [
DESCRIBE Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103. 12-08-94:			CASING TEST AND	СЕМЕНТ ЈОВ	
 12. Describe Proposed or Completed Operations work) SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) 12-08-94: 			OTHER:	MIT	
	12. Describe Proposed or Completed Ope				of starting any
PT TBG/CSG ANN TO 550#, HELD 30 MIN. (CHART ATTACHED) RETD WELL TO TA'D STATUS.	12-08-94:				
	PT TBG/CSG ANN TO 550#, HE	LD 30 MIN. (CHART ATTACH	IED) RETD WELL T	O TA'D STATUS.	
	, , , , , , , , , , , , , , , , , , , ,				
			This Approv	val of Temporary	-99
This Approval of Temporary			Abandonmen	Expires	
This Approval of Temporary Abandonment Expires	I hereby certify that the information above is	true and complete to the best of my knowl-	edge and belief.		
This Approval of Temporary Abandonment Expires	O Ma	١ 1		ADMIN. DATE 1/1	9/95
Thereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 1/19/95	TYPE OR PRINT NAME G. S. NADY			TELEPHONE NO. 7	13/544-379
Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE MGR - ASSET ADMIN. DATE 1/19/95	(This space for State Use)	CHE FILL LY JERRY SEXTON		14.	ن مور ا
TYPE OR PRINT NIME G. S. NADY Abandonment Expires Title MGR - ASSET ADMIN. DATE 1/19/95 TELEPHONE NO. 713/544-379	er e	TERM TERMENASOR			√ 17 %

TITLE _

ULTERUIT BERGEN SOR