STATE OF NEW MEXICO INERGY AND MINERALS DEPARTMENT

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MOLTUBIRTEIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
DPERATOR		

OIL C NSERVATION DIVISION

NOITHBUTION	Ρ.	O. BOX 2088		Form C-103
SANTA PE	SANTA FE, NEW MEXICO 87501			. Revised 10-1-7
FILE			5g. Indicar	e Type of Lease
U.\$.G.\$.	_		State	
LAND OFFICE	⊣		I	
OPERATOR			S. State Of	ll & Gas Lease No.
CIALIZ	IDV NOTICES AND DEDOR	TC ON WELL C	- hinn	minimin
SUND THIS FORM FOR PI THIS FORM FOR PI	ACPOSALS TO DRILL ON TO DEEPEN O	TS ON WELLS OR PLUG BACK TO A DIFFERENT RESER) FOR SUCH PROPOSALS.)	IVOIR.	
1.	THOM TON TERMIT 2 (FORM CTIO)	FOR SUCH PROPESALS.)		reement Name
OIL X WELL .	OTHER-		7, Olin Agr	editent Nume
. Name of Operator			8. Farm or	Lease Name
SHELL OIL COMPANY			STATE	"D"
2. Address of Operator			9. Well No.	• .
P. O. BOX 991, HOUSTO	N, TX. 77001		2	<u> </u>
Location of Well			4	md Pool, or Wildcat
UNIT LETTERM	760 FEET FROM THE SE	OUTH LINE AND 560	FEET FROM VACUU	M FIELD
				THITTITI THE
THE WEST LINE, SECT	710N 31 TOWNSHIP	17S RANGE 35E	NMPM.	
	15. Elevation (Show	whether DF, RT, GR, etc.)	12, County	WHILLIAM.
	3994' DF		LEA	(1)
Check	Appropriate Box To Indi	cate Nature of Notice, Re		
	INTENTION TO:			
-		50	BSEQUENT REPORT	OF:
CRECHM HEMEDIAL WORK	PLUG AND ABAND	ON REMEDIAL WORK	\Box	
~	700 400 4840		F	ALTERING CASING
TEMPORABILY ABANDON		COMMENCE DRILLING OPNS	 -	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT	هود	
		OTHER		
OTHER				
7. Describe Proposed or Completed C	Operations (Clearly state all perti	nent details, and give pertinent day	tar including arringed de	
work) SEE RULE 1703.	,	sem details, and give perionem du	res, including estimated ad	te of starting any proposed
1. RU pulling unit a	nd install BOP. Pull	l rods and tbg. Run a	a retrievable br:	idge plug
and set @5940' +	and load hole with cl	lean 2%KC1 water. Ru	n GR/CBL/CCL log	to deter-
mine bonding and	TOC.		3	-
Perforate and cem	ent as needed, contir	ngent on results of G	R/CBL/CCL log int	terpreta-
tion, per New Mex	ico 0il Conservation	Division request.		
		-		
		,		
	v			
d. I hereby certify that the information	above is true and complete to th	e best of my knowledge and belief.	,	
		5		
11.2 -	A. J. Fore	Supervisor, Reg./Per		1.10.101
ENED	A. J. FOIE TITLE	, supervisor, keg./Per	CM. DATE	4/3/81
	74			n 1001
Recommendate to the second				Thk (100.
PROVED BY	TITLI	t	DATE	**