| *                                            |                                              |                                                         |                                                                     |
|----------------------------------------------|----------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE | NEW MEXICO OIL CONSE                         | RVATION COMMISSION                                      | Form C-103<br>Supersedes Old<br>C-102 and C-103<br>Effective 1-1-65 |
| FILE                                         |                                              |                                                         | 5a, Indicate Type of Lease                                          |
| U.S.G.S.                                     |                                              |                                                         | State X Fee                                                         |
| LAND OFFICE                                  |                                              |                                                         |                                                                     |
| OPERATOR                                     |                                              |                                                         | 5. State Oil & Gas Lease No.                                        |
|                                              | ·                                            |                                                         |                                                                     |
| DO NOT USE THIS FORM FOR PR                  | RY NOTICES AND REPORTS ON A                  | WELLS<br>ACK TO A DIFFERENT RESERVOIR.<br>+ PROPOSALS.) |                                                                     |
|                                              |                                              |                                                         | 7. Unit Agreement Name                                              |
| OIL GAS                                      | OTHER. Injector                              |                                                         |                                                                     |
| 2. Name of Operator                          |                                              |                                                         | 8. Farm or Lease Name                                               |
| Shell Oil Company                            |                                              |                                                         | East Pearl Queen Unit                                               |
| 3. Address of Operator                       |                                              |                                                         | 9. Well No.                                                         |
| P. O. Box 1509, Midla                        | 40                                           |                                                         |                                                                     |
| 4. Location of Well                          | III, IEAB ///01                              |                                                         | 10. Field and Pool, or Wildcat                                      |
| 4. Location of well                          | North                                        | 1980                                                    | Pearl Queen                                                         |
| UNIT LETTER                                  | 660 FEET FROM THE North                      | LINE ANDFEET FRO                                        |                                                                     |
| Fact                                         | 10N 34 TOWNSHIP 195                          | BANGE 35E NMPN                                          |                                                                     |
| THE East LINE, SECT                          | ION TOWNSHIP                                 | RANGE NMPN                                              |                                                                     |
| mmmmmm                                       | 12. County                                   |                                                         |                                                                     |
|                                              | 15. Elevation (Show whether 37)              | 11 DF                                                   | Lea                                                                 |
| ÖMMANNINNIN                                  |                                              |                                                         |                                                                     |
|                                              | Appropriate Box To Indicate N                | ature of Notice, Report of O                            | IT REPORT OF:                                                       |
| NOTICE OF                                    | INTENTION TO:                                | SUBSEQUER                                               | I REFORT OF:                                                        |
| _                                            |                                              |                                                         | ALTERING CASING                                                     |
| PERFORM REMEDIAL WORK                        | PLUG AND ABANDON                             | REMEDIAL WORK                                           |                                                                     |
| TEMPORARILY ABANDON                          |                                              | COMMENCE DRILLING OPNS.                                 | PLUG AND ABANDONMENT                                                |
| PULL OR ALTER CASING                         | CHANGE PLANS                                 | CASING TEST AND CEMENT JOB                              | emporarily Abandon X                                                |
|                                              |                                              | OTHER                                                   | emporarity Abandon                                                  |
| OTHER                                        | L                                            |                                                         |                                                                     |
|                                              | Operations (Clearly state all pertinent deta | ails, and give pertinent dates, includin                | ng estimated date of starting any proposed                          |
| 17 Describe Proposed of Completed (          | Derations (orcard) and a point of a          |                                                         |                                                                     |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of stating any work) SEE RULE 1103.

This well reached the economic limit in this waterflood and was temporarily abandoned 9-5-73.

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

| 18. I hereby certify that the monitor constants                                       | N. W. Harrison<br>Staff Production Engineer | DATE 10-28-74 |
|---------------------------------------------------------------------------------------|---------------------------------------------|---------------|
| Orig. Signal by<br>APPROVED BY Joe To form<br>CONDITIONS OF APPROVAL, IF ANY: Date: 1 | TITLE                                       | DATE          |