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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

2. Name of Operator
Shell Oil Company

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

4. Location of Well

UNIT LETTER _____ D _____, _____ 660 _____ FEET FROM THE _____ North _____ LINE AND _____ 660 _____ FEET FROM

THE _____ West _____ LINE, SECTION _____ 34 _____ TOWNSHIP _____ 19S _____ RANGE _____ 35E _____ NMPM.

15. Elevation *(Show whether DF, RT, GR, etc.)*
3708 DF

7. Unit Agreement Name

8. Farm or Lease Name
East Pearl Queen Unit

9. Well No.
42

10. Field and Pool, or Wildcat
Pearl Queen

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

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.

9-5-73

Mixed and pumped 80 sx Class H cement down casing. Squeezed 31 sx cement into perforations 4750 - 4965'. Left perforations covered with cement and 200' cement above top perforation up to 4550'. Shut well in. Temporarily abandoned.

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

SIGNED _____ *James E Sullivan* _____

A.E. Cordray
TITLE _____ Staff Engineer _____   DATE _____ 9-14-73 _____

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: