

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <i>State C</i>
8. Well No. <i>ST-C #1</i>
9. Pool name or Wildcat <i>EUMONT V-S-R-G-W</i>

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <i>SHELL WESTERN E & P INC.</i>	8. Well No. <i>ST-C #1</i>
3. Address of Operator <i>P. O. BOX 1950 HOBBS NM 88240</i>	9. Pool name or Wildcat <i>EUMONT V-S-R-G-W</i>	
4. Well Location Unit Letter <i>A</i> : <i>660</i> Feet From The <i>FNL</i> Line and <i>660</i> Feet From The <i>FEL</i> Line Section <i>24</i> Township <i>19S</i> Range <i>36E</i> NMPM LEA County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <i>3714 DF</i>		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <i>Fill Cellar in</i> <input checked="" type="checkbox"/>

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.

Piped all Bradenhead equipment to surface. Coated and taped equipment. State representative inspected. Filled cellar in with dirt.

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

SIGNATURE *W. G. Haykus* TITLE *OPERATIONS TECHNICIAN* DATE *7/17/90*
TYPE OR PRINT NAME *W. G. HAYKUS* *U. S. Rivers - Production Foreman* TELEPHONE NO. *(505) 394-2081*

(This space for State Use)

APPROVED BY *R. A. Sadler* OIL & GAS INSPECTOR DATE *JUL 20 1990*

CONDITIONS OF APPROVAL, IF ANY: