ND. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103 Effective 1-1-65
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Ellective 1-1-03
FILE	Г	5a. Indicate Type of Lease
U.S.G.S.		State Fee k
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		B-1167
(DO NOT USE THIS FORM F	INDRY NOTICES AND REPORTS ON WELLS OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL X GAS WELL	07HER-	
2. Name of Operator		8. Farm or Lease Name
	· · · · · · · · · · · · · · · · · · ·	Shell State GA
W. K. Byrom 3. Address of Operator		9. Well No.
	bbs, N. M. 88240	
BOX 147 - HC 4, Location of Well	JDDS, N. M. 00240	10. Field and Pool, or Wildcat
	. 330 FEET FROM THE South LINE AND 330 FEET FROM	Monument Paddock
UNIT LETTER	, FEET FROM THE LINE AND FEET FROM	
	16 200 375	
THE West LINE,	section <u>16</u> township <u>205</u> range <u>37E</u> nmpm.	
mmmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3571 'GL	Lea ()))))))
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		er Data
	neck Appropriate Box To Indicate Nature of Notice, Report or Oth	
NOTICE	OF INTENTION TO: SUBSEQUENT	REPORT OF:
_		ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	x
	CTHER <u>Extension of Time</u>	Cil
OTHER		
	1	

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.

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2-27-75:

We would appreciate your granting an extension of 90 days to comply with our original intention to deepen the Shell State GA Well No. 2 as cutlined on form C-101 submitted to your Office 8-23-74.

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

SIGNED R. R. anderson	 TITLE Office Mgr.	DATE
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		