| NO. OF COPIES RECEIVED                                                 |                                                                                                           |                                                        | Form C-103                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| DISTRIBUTION                                                           |                                                                                                           | NEW MEXICO OIL CONSERVATION COMMISSION                 |                                            |
| SANTA FE:                                                              | NEW MEXICO OIL CON                                                                                        |                                                        |                                            |
| FILE                                                                   |                                                                                                           |                                                        |                                            |
| U.S.G.S.                                                               | <del></del>                                                                                               |                                                        | Sa. Indicate Type of Lease                 |
| LAND OFFICE                                                            |                                                                                                           |                                                        | State Fee. X                               |
| OPERATOR                                                               |                                                                                                           |                                                        | 5. State Oil & Gas Lease No.               |
| <del></del>                                                            | SUNDRY NOTICES AND BERORTS OF                                                                             | LWELLS                                                 | mmmmmm                                     |
| (DO NOT USE THIS FORM<br>USE **.                                       | SUNDRY NOTICES AND REPORTS OF APPLICATION FOR PENDER OF PLUGAPPLICATION FOR PERMIT -" (FORM C-101) FOR SE | N WELLS BACK TO A DIFFERENT RESERVOIR. ICH PROPOSALS.) |                                            |
| 1.                                                                     |                                                                                                           |                                                        | 7. Unit Agreement Name                     |
| WELL LX WELL                                                           | OTHER-                                                                                                    |                                                        | _                                          |
| 2. Name of Cperator                                                    |                                                                                                           |                                                        | 8. Farm or Lease Name                      |
| Shell Oil Company  Address of Operator                                 |                                                                                                           |                                                        | Christmas "A"                              |
| P. O. Box 1858, Roswell, New Mexico 88201                              |                                                                                                           |                                                        | 9. Well No.                                |
| 4. Location of Well                                                    |                                                                                                           |                                                        | 3 10. Field and Pool, or Wildcat           |
| Ť.                                                                     | , 1980 FEET FROM THE SOU                                                                                  | -h 660                                                 | · ·                                        |
| UNIT LETTER                                                            | FEET FROM THE                                                                                             | LINE AND OUT FEET FRO                                  | Emice, South                               |
| THE West LIN                                                           | E, SECTION 23 TOWNSHIP 22-                                                                                | 3 RANGE 36-E NMP                                       |                                            |
| 15. Elevation (Show whether DF, RT, GR, etc.)                          |                                                                                                           | 12. County                                             |                                            |
|                                                                        | 3518' D                                                                                                   | <b>?</b>                                               | Lea                                        |
| ·. C                                                                   | heck Appropriate Box To Indicate                                                                          | Nature of Notice, Report or O                          | ther Data                                  |
| NOTICE                                                                 | OF INTENTION TO:                                                                                          |                                                        | NT REPORT OF:                              |
| <u>гл</u>                                                              |                                                                                                           |                                                        |                                            |
| PERFORM REMEDIAL WORK                                                  | PLUG AND ABANDON                                                                                          | REMEDIAL WORK                                          | ALTERING CASING                            |
| EMPORARILY ABANDON                                                     |                                                                                                           | COMMENCE DRILLING OPNS.                                | PLUG AND ABANDONMENT                       |
| ULL OR ALTER CASING                                                    | CHANGE PLANS                                                                                              | CASING TEST AND CEMENT JOB                             |                                            |
| OTHER                                                                  | [ <del></del>                                                                                             | OTHER Temporaril                                       | y Abandoned X                              |
|                                                                        | L                                                                                                         |                                                        |                                            |
| <ol> <li>Describe Proposed or Comp<br/>work) SEE RULE 1103.</li> </ol> | leted Operations (Clearly state all pertinent de                                                          | tails, and give pertinent dates, including             | ng estimated date of starting any proposed |
|                                                                        |                                                                                                           |                                                        |                                            |
| Well still tempor                                                      | rarily abandoned as reported                                                                              | on Form C-103 September                                | 27, 1957.                                  |
| No plans for char                                                      | iging well status in near fut                                                                             | ure.                                                   |                                            |
|                                                                        |                                                                                                           |                                                        |                                            |
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|                                                                        |                                                                                                           |                                                        |                                            |
|                                                                        |                                                                                                           |                                                        |                                            |
| . I hereby certify that the info                                       | rmation above is true and complete to the best                                                            | of my knowledge and ballot                             |                                            |
|                                                                        | rmation above is true and complete to the best                                                            |                                                        |                                            |
| C. R. Coffey                                                           | A                                                                                                         | cting District                                         |                                            |
| C. R. Coffey                                                           | A                                                                                                         |                                                        | DATE <b>June 11, 196</b> 5                 |
| Deiginal Sig Coffey                                                    | A                                                                                                         | cting District                                         | DATE <b>June 11, 1965</b>                  |
| Diginal Signa                                                          | A                                                                                                         | cting District                                         | DATE                                       |

CONDITIONS OF APPROVAL, IF ANY: