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HOBBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 21 11 50 AM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	A-1350

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Devonian-State
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER G, 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE east LINE, SECTION 20 TOWNSHIP 21S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Eumont (Eunice)
15. Elevation (Show whether DF, RT, GR, etc.) 3621' DF	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Temporarily Abandoned

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.

Well is producing gas from Yates Sand (Eumont Pool). Oil Zone (Eunice Pool) is still temporarily abandoned as reported on Form C-103, approved January 13, 1956.

No plans for changing well status in near future.

TO THE WELL STATUS AND FUTURE PLANS FOR THIS WELL

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

SIGNED Original Signed By N. W. Harrison TITLE Senior Exploitation Engineer DATE December 16, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: