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State of New Mexico

ONOR TEST AND DEMENT 308	to Appropriate District Office	Energy, Minerals and Natural Ro	esources Department		Revised 1-1-89
Santa Fe, New Mexico 87504-2088 S. Indicate Type of Lesses S. Indica				WELL API NO.	00000
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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFER OR PLUG BACK TO A (DEFERENT RESERVOR. USE "ADLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: (FORM C-101) FOR SUCH PROPOSALS) 1. Wall Comparison Shell Western E8P Inc. 1. Wall No. Shell Western E8P Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name Northead Inc. 1. Lear Manne or Unit Algrement Name North	DISTRICT III				STATE FEE X
CONDITUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PENMIT 1. Lase Name or Unit Agreement Name 1. Lase N	1000 Rio Brazos Rd., Aztec, NM 87410			6. State ()il & Gas Lease	No
1. Type of Well: Other: Other: Other: Other: Other: Other: Shell Western E&P Inc. 1. Address of Operator P.O. BOX 576 Houston, TX 77001-0576 4. Well Location Usin Laster: Line Section: Township: 21S Range: 37E NMPM LEA Country 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PEPEPORARILY ABANDON: CHANGE PLANS: OTHER: OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pernisent details, and give pernisent date, including estimated date of starting any proposed work) SEE RULE 1103. 1-12-94: PT TBG/CSG ANN TO 300# FOR 30 MIN, HELD. (CHART ATTACHED) RTI. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. The TECH. MANAGER - ASSET ADMIN. DATE 2/11/94 There or report yellow is the substance of the best of my knowledge and boiled. Thereby certify that the information above is true and complete to the best of my knowledge and boiled. Thereby certify that the	(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE	OR PLUG BACK TO A	1	-
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Paul Kantz Geologist	TYPE OR PRINT NAME A. J. DURRANI			TEL	EPHONE NO. 713/544-37
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APTROVED BY DATE			Geo		1
CONDITIONS OF APPROVAL, IF ANY:		THE	E	DA1	TE

