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NEW MEXICO OIL CONSERVATION COMMISSION STONE O. C. C.

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

JUN 15 1 01 PM '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1400

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 State "L"
3. Address of Operator P.O. Box 1509, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER Q 2310 FEET FROM THE south LINE AND 330 FEET FROM THE east LINE, SECTION 1 TOWNSHIP 21S RANGE 35E N.M.P.M.	10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3573' 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 still temporarily abandoned as reported on Form C-103, approved April 16, 1965.

No plans for changing well status in near future.

THIS WELL SHALL NOT BE RE-ENTERED
UNLESS THE STATUS OF THE
WELL IS FIRST DETERMINED
FOR THIS WELL

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

Original Signed By

SIGNED **N. W. Harrison** **N. W. Harrison** TITLE **Senior Exploitation Engineer** DATE **June 6, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: