| New Act of the Content of the Cont   | NO. OF COPIES RECEIVED                                                     |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| NEW MEXICO OIL CONSERVATION COMMISSION  SAME OF THE SERVE OF THE SE |                                                                            | WODG & A                                                                                                                | Form C-103 Supersedes Old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Now 18   125 AM '85   So. Indicate Type of Lexice   Park   State   S   |                                                                            | NEW MEXICO OIL CONSERVATION CO. C.C.                                                                                    | C-102 and C-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| The second of Company - Western Division  Shell Oil Company - Western Division  The west                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHNDB                                                                      | Y NOTICES AND DEPORTS ON WELLS                                                                                          | anniniinink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| OTHER SECONDARY CONTINUES OF THE SOUTH STATE AND ADMODE TO THE SECONDARY CONTINUES CASING PLANS CA | USE "APPLICATI                                                             | POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Shell Oll Company - Western Division  State  South State  Sout | OIL GAS                                                                    | OTHER.                                                                                                                  | 7. Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Shell Oil Company - Western Division  Address of Speciety  Box 1509 - Midland, Texas  4. Location of Well  Line and both  The west Line, section 34 Townsell 1930 Feet Fracture South Line and 660 Feet Fracture  The west Line, section 34 Townsell 19. Eleventian (Salon whether DF, RT, GR, rtc.)  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  THE MANUAL HORSE PLANS  OTHER  OTHER  17. Eleventian (Page Plans Command Subscience State) Feet And Abandon-Line Command Texas (Command Texas) Feet And Abandon-Line Command Texas (Command Texas) Feet And Comman | 2. Name of Operator                                                        | OT HERE                                                                                                                 | 8 Farm or Lease Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Box 1509 - Midland, Texas  4. Location of Well  Out Letter L 1980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Location of Well Line and Beautiful Pattors  The West Line, Section 34 Townself 21 NAME  South Line and 666:  Test From Pattors  12. County  Lea  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SERFORM REMEDIAL WORK PLUS CHANGE PLANS  OTHER  OTHER  OTHER  OTHER  The Describe Playsed or Comploted Operations (Clearly state all pertinent details, and give portinent dates, including estimated date of starting any proposed work) SEE RULE 1703.  Spudded at 12:45 p.m. (1251), October 27, 1965.  Ram 347 of 20" (94# H-40) cassing and cemented at 362' w/500 sx. Class C Heat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure crop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                         | 9. Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| UNIT LETTER L 1930 rest from the South Line and 660: rest from the South free free free free free free free from the South free free free free free free free fre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Is. Elevation (Show whether DF, RT, GR, etc.)    15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 1000                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15. Elevation (Show whether DF, RT, GR, etc.)  365C ' EF (est.)  12. County  Lea  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  TEMPORARIE AND ABANDON  PULI OR A.TER CASING  CHANGE FLANS  CHANGE FLANS  Spudded at 12:45 p.m. (1821), October 27, 1965.  Rem 347' of 20" (94\$ E-40) casing and cemented at 362' w/500 sx. Class C Heat plus 2%  CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | UNIT LETTER                                                                | 1700 FEET FROM THE SOUTH LINE AND 660 FEET FR                                                                           | Telcon Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15. Elevation (Show whether DF, RT, GR, etc.)  365C ' EF (est.)  12. County  Lea  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  TEMPORARIE AND ABANDON  PULI OR A.TER CASING  CHANGE FLANS  CHANGE FLANS  Spudded at 12:45 p.m. (1821), October 27, 1965.  Rem 347' of 20" (94\$ E-40) casing and cemented at 362' w/500 sx. Class C Heat plus 2%  CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | west                                                                       | 34 21 9A                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  SUBSEQUENT REPOR | THE LINE, SECTIO                                                           | N TOWNSHIP RANGE NM                                                                                                     | PM (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  SUBSEQUENT REPOR |                                                                            | 15. Elevation (Show whether DF, RT, GR, etc.)                                                                           | 12. County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK  TEMPORABLY ABADON  PLUG AND ABANDON  OTHER  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.  Spudded at 12:45 p.m. (1851), October 27, 1965.  Ram 347' of 20" (94# E-40) casing and cemented at 362' w/500 sx. Class C Feat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 ps1 - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | 3650' DF (est.)                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CHANGE PLUG AND ABANDON CHANGE PLANS CHANGE PLUG AND ABANDONMENT CHANGE PLANS CHANG | 16. Check A                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PLUS AND ABANDON   PLUS AND ABANDON   REMEDIAL WORK   COMMENCE DRILLING OPNS.   PLUS AND ABANDONMENT   TEMPORABILLY ABANDO   PULL OR ALTER CASING   PLUS AND ABANDONMENT   CASING TEST AND CEMENT JOB X   OTHER    17. Descrite Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) see Rule 1178.  Spudded at 12:45 p.m. (1837), October 27, 1965. Rem 347' of 20'' (94f H-40) casing and cemented at 362' w/500 sx. Class C Neat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORABLEY ABANDON PULL OR ALTER CASING  OTHER  OTHER  OTHER  OTHER  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.  Spudded at 12:45 p.m. (121), October 27, 1965.  Ram 347' of 20" (94# E-40) casing and cemented at 202' w/500 sx. Class C Neat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | 00000400                                                                                                                | THE STATE OF |
| TEMPORABILY ASANOON PULL OR ALTER CASING OTHER  OTHER  OTHER  CHANGE PLANS  CHANGE PLA | PERFORM REMEDIAL WORK                                                      | PLUG AND ABANDON REMEDIAL WORK                                                                                          | ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER  OTHER  OTHER  TO 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.  Spudded at 12:45 p.m. (1257), October 27, 1965.  Ram 347' of 20" (94# H-40) casing and cemented at 362' w/500 sx. Class C Neat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEMPORARILY ABANDON                                                        |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PULL OR ALTER CASING                                                       |                                                                                                                         | PLUG AND ABANDONMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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.  Spudded at 12:45 p.m. (1621), October 27, 1965.  Ram 347' of 20" (94# E-40) casing and cemented at 362' w/500 sx. Class C East plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spudded at 12:45 p.m. (1657), October 27, 1965.  Ram 347' of 20" (94# H-40) casing and cemented at 362' w/500 sx. Class C Reat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  Original Signed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OTHER                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spudded at 12:45 p.m. (1657), October 27, 1965.  Ram 347' of 20" (94# H-40) casing and cemented at 362' w/500 sx. Class C Reat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure grop.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  Original Signed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spudded at 12:45 p.m. (NET), October 27, 1965.  Ram 347' of 20" (94# E-40) casing and cemented at 262' w/560 sx. Class C Reat plus 2% CaCl2. Plug down at 7:15 a.m., October 29, 1965. Circulated cement. After WOC 48 hours, tested with 500 psi - no pressure drop.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  Original Signed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ol> <li>Describe Proposed or Completed Operark) SEE RULE 1103.</li> </ol> | erations (Clearly state all pertinent details, and give pertinent dates, includ                                         | ing estimated date of starting any proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Original Signed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ram 347' of 20" (94%<br>CaCl <sub>2</sub> . Plug down at                   | H-40) casing and cemented at 362' w/500 sx.<br>Trils a.m., October 29, 1965. Circulated cem                             | Class C Heat plus 2% ent. After WOC 48 hours,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Original Signed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18 I hereby certify that the information                                   | shows in two and complete to the large of                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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CONDITIONS OF APPROVAL, IF ANY: