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NEW MEXICO OIL CONSERVATION COMMISSION C.

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

JUN 15 1 05 PM '66

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

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Shell Oil Company (Western Division)	8. Farm or Lease Name Long
3. Address of Operator P. O. Box 1509, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER N 660 FEET FROM THE south LINE AND 1980 FEET FROM THE west LINE SECTION 11 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Penrose-Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3359' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OFNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Temporarily Abandoned <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well still temporarily abandoned as reported on Form C-103, approved January 27, 1965.

No plans for changing well status in near future.

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

SIGNED Original Signed By **N. W. Harrison** TITLE **Senior Exploitation Engineer** DATE **June 8, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: