APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: WD 143 MENSA

1. Applicant

Name: Shell Communications, Inc. **Phone Number:** 713–245–1303

DBA Name: Fax Number: 713–245–1010

Street: 20329 E–Mail: Lee.Gaspard@Shell.com

City: Houston State: TX

Country: USA **Zipcode:** 77252 -0329

Attention: Room 8W04

2. Conta	ct					
	Name:	Mona Lee	Phone Number:	713.245.1303		
	Company:	Shell Communications Inc.	Fax Number:	713.245.1010		
	Street:	P. O. Box 20329	E–Mail:	Mona.Lee@Shell.com		
	City:	Houston	State:	TX		
	Country:	USA	Zipcode:	77252 -0329		
	Attention:	Mona Lee	Relationship:	Other		
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.) 3. Reference File Number or Submission ID IB2006001515 4a. Is a fee submitted with this application?						
if Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).						
Governmental Entity Noncommercial educational licensee						
Other(please explain):						
4b. Fee C	Classification	CGX - Fixed Satellite Transmit/F	Receive Earth Station			
5. Type R	Request					
Use Prior to Grant Change Station Location Other						
_	sted Use Prior 1/14/2006	Date				
7. CityGulf of Mexico			8. Latitude (dd mm ss.s h	8. Latitude (dd mm ss.s h) 28 39 25.2 N		
			(55.51	,		

9. State TX	10. Longitude (dd mm ss.s h) 89 33 3.0 W					
11. Please supply any need attachments.						
Attachment 1: A Attachment 2: Exhibit	E18 Attachment 3:					
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)						
Gulf of Mexico Hurricane Disaster Recovery Communication Unit - 2.4M C-Band Fixed Satellite System - Transmission and reception of digital data in support of critical infrastructure operations.						
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.						
14. Name of Person Signing Mr. Don Happel	15. Title of Person Signing Telecommunications Manager					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).						

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