State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	1000 11-11 - 371/ 000/0		I NO.
F.O. BOX 2000			-26832
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		5. Indicat	e Type of Lesse STATE X FEE
		6. State C	Dil & 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.) I. Type of Well:		R PLUG BACK TO A 7. Lease	Name or Unit Agreement Name 3S (G/SA) UNIT N 24
OIL CAS WELL OTHER INJECTOR		OR	
2. Name of Operator Shell Western E&P Inc.		8. Well h	va.
3. Address of Operator (WCK 4435)			ame or Wildcat
P.O. Box 576 Houston, TX 77001-0576			(G/SA)
4. Well Location			
Unit Letter N : 1300 Feet From The SOUTH Line and 2600 Feet From The WEST Line			
0.4	Township 18S Ran	se 37E NMPM	LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
<i>XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>	///// 3667' GR	-t	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE OF IN	TENTION TO:	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
OTHER: INST CSG PATCH, PERF	8 AT X	OTHER:	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ntions (Clearly state all persinent details, and	give pertinent dates, including estimat	ed date of starting any proposed
5. RIH W/60' OF 4-1/2 IN.		FOR EXCESSIVE WELLBOR	E DEV.
7. PERF SA 4254-58' W/2 PATCH THAT HAD BEEN SI 8. ACDZ SA PERFS 4204-80 9. INSTALL INJ EQUIP, SETT	JSPF. (NOTE: THESE SHOTS / ET TOO DEEP FROM 4235-55'.) I' W/4400 GALS 15% NEFE HCL ING GUIB UNI-VI PKR @ +/-4130	ARE PARTLY IN THE PREVIOU . + 800# ROCK SALT.	
10. PT TBG/CSG ANN TO 300 11. RET WELL TO INJ.			
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and b		0/07/04
SIGNATURE - FITTING	theman m	REGULATORY SUPV.	DATE 2/07/91
, · · ·			(713)

FFI). Es (This space for State Use) - DATE -APTROVED BY ---