STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| Ha. er Corica RCCCIVED | |
|------------------------|--|
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

| No. 07 CO-150 5 | CCCIVED | J OIL CO | NSERVA | HON DIVISION | | |
|---------------------------------|---|---|-------------------|--|---------------------------|---|
| DISTRIBU | TION | | P. O. BO | × 2088 | | Form C-103 |
| SANTA FE | | SANT | A FE. NEW | MEXICO 87501 | € 1 | Revised 10-1-78 |
| FILE | |] | | 15 - X 1 - X | i ladiana | Type of Lease |
| U.S.G.S. | | | | | | |
| LAND OFFICE | | | | | State | Fee X |
| OPERATOR | | 1 | | | 5, State Oil | & Gas Lease No. |
| | | , | DT # 20 0 | 05.06004 | 025.2 | (02/ |
| | | | <u> </u> | | 025-20 | ?834 +++++++++++ |
| | SUNDR | Y NOTICES AND RI | EPORTS ON | WELLS ACK TO A DIFFERENT RESERVOIR | | |
| JEU TOM OO) | THIS FORM FOR PRO | IPOSALS TO DRILL OR TO DE ION FOR PERMIT —** (FORM | C-101) FOR SUC | ACK TO A DIFFERENT RESERVOIP H PROPOSALS.) | . ([[]]] | |
| i. | | | | | 7. Unit Agre | ement Name |
| oir [] | GAS (| | | | | |
| WELL | WELL L | OTHER INJECTO | OR | | | BBS (G/SA) UNIT |
| 2. Name of Operator | | | | | B. Form or L | ease Name |
| CHELL OT | COMPANY | · | | | ar am r | OM 22 |
| SHELL OIL 3. Address of Operat | | | | | SECTION 9, Well No. | JN 33 |
| 1. Addition of Operat | . | | | | 3e 146. | |
| P. O. BOX | 991, HOUST | ON, TX 77001 | | | 232 | |
| Location of Well | | | | | | d Pool, or Wildcat |
| – | | | | | <u> </u> | |
| UNIT LETTER | K | 1595 FEET FROM TH | SOUTH | LINE AND | FEET FROM HOBBS | (G/SA) |
| | | | | • | | |
| LIECT | | 22 | 10 | ο το D ₋ | /////// | (1111111111) |
| THE WEST | LINE, SECTION | NWOT NO | . SHIP | -S RANGE 38-E | NMPM. [[]]]] | /////////////////////////////////////// |
| | **** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | •777777777 |
| 777711111 | /////////////////////////////////////// | ///// 15, Elevation | (Show whether | DF, RT, GR, etc.) | 12. County | |
| | /////////////////////////////////////// | 111111 3636 | 19' GR | | LEA | |
| 7777777777 | 777777777 | | | | · | |
| 10. | Check . | Appropriate Box To | o Indicate N | ature of Notice, Repo | rt or Other Data | |
| | | TENTION TO: | | | EQUENT REPORT | OF: |
| | | | | 5555 | | J |
| | _ | | | | | • |
| PERFORM REMEDIAL | VORX | PLUG AND | ABANDON | REMEDIAL WORK | | LTERING CASING |
| TEMPORARILY ABANDO | , | | | COMMENCE DRILLING OPNS. | | LUG AND ABANDONMENT |
| | 7-5 | | | | 7 | |
| PULL OR ALTER CASIN | ۱۵ 📘 | CHANGE ! | PLANS | CASING TEST AND CEMENT JOI | | |
| | | | | OTHER COMPLETE | AS AN SA II, II | I-U, AND III-LXX |
| OTHER | | | . \square | INJECTOR | | |
| ***** | | | | | | |
| 12 D 4 D | -d Completed Or | | Il partinant dat | nils, and give pertinent dates. | inaliding antimated day | - of starting and same |
| work) SEE RUL | | berations (creary state a | ii perimeni den | ina, and give pertinent dates, | the tauting estimated dut | s of starting any proposed |
| wan, | | | | | | |
| | | | | | | |
| 4 12 01. | Conttol 25 | 01- 15% 1101 1 | TT A . 3 1. 7 . | | D 51 1 5 1 /0!! | 10501 1010 |
| 0-13-01: | Spotted 25 | o gais 13% HCI i | NEA double | e inhibited acid. | Pert'd 5 1/2" | csg 4050' - 4248 |
| | | | | | | |
| 6-16-81: | Set top pk | r @3920' and btr | n pkr @391 | 36'. Pressure tes | t hetween nkrs | in blank nine to |
| | | or 15 minutes | hold OV | A = 1 1 + - 1 + 1 : | 2/COL /OFOL | /(100 1 15% |
| | 1000 psi 1 | | | Acidized perfs 4 | | /6100 gals 13% |
| | HCI NEA in | hibited acid. | Well comp | lete for injection | 1 - | |
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| 10.11 | hat the Info | about in the second second | | d mu knowleden and to 11 d | | |
| is. I hereby certify t | net the intormation | | ite to the best o | f my knowledge and belief. | | |
| | - | | | | | |
| //0 | - -) | | G T T T | POUTGOD BEG /BES | TMT110 | UIT V 1E 1001 |
| HENED | | - A. J. FORE | TITLE SUP | ERVISOR REG./PERMI | DATE | ULY 15, 1981 |
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| | | Orige Bigmed By | | | | fire of the contract |
| | | Trigi Signica ag | | | ı | A15 - |
| | | and the second second | | | • | |

Dist 1, Supy.

CONDITIONS OF APPROVAL, IF ANY: