

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
March 4, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-10920

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Shell State 13

8. Well Number

#13

9. OGRID Number

218000

10. Pool name or Wildcat

96008 SWD, Garaburg

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. Type of Well:

Oil Well ☐ Gas Well ☐ Other

SWD

2. Name of Operator

Texas LPG Storage Company

3. Address of Operator

PO Box 1345 JAL, NM 88252

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section

32

Township 23 S Range 37 E

NMPM

104 County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL Sect Twp Rng Pit type Depth to Groundwater Distance from nearest fresh water well

Distance from nearest surface water Below-grade Tank Location UL Sect Twp Rng ;

feet from the line and feet from the line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SWD WELL IS ON A VACUUM TAKEN WATER AT 30 GALLONS

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature]

TITLE Manager

DATE 6-25-04

Type or print name

E-mail address:

Telephone No.

(This space for State use)

APPROVED BY

[Signature]

OCD FIELD REPRESENTATIVE

TITLE

II/STAFF MANAGER

DATE

JUL 07 2004



COILED TUBING TREATMENT REPORT

SUPPLEMENT

Field Receipt No:

Proposal No:

Date: 6-20-2011

Page: 2 of

CUSTOMER: CLPASC

WELL NO: 60930 - Mottish Shale - 13

RIG/PLATFORM: J 11K

ATTN: Kelliezo
Per: as per log

TIME	EVENT	DEPTH	PRESSURES		FLOW RATE		LIQUID TYPE	WEIGHT	REPEAT COUNT	COMMENTS
			STU	WH	LIQUID	N ₂				
7:00										on location
7:30										spot equipment
8:15										try up CT until we have on X-ray
8:30										try up fluid - N ₂ pump
9:00										fluid in back 1200
9:15										try up CT until on well
9:30										fluid on equipment
10:15										pressure tool down 500 psi
10:30										held safety breaking
11:00										load log break wire
11:30										Assess depth with tool 1000 psi
11:50										start fluid 1200
12:00										stop pipe 1200 pressure
12:10										RTU
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30:00										check weight

EVENT TYPE:

1-MOVE

2-PULL TEST

3-SET SLIPS

SUPERVISOR



SUPPLEMENT

Proposal No

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WELL NO: Laughe Bluff Shell Stat #13

RIG/PLATFORM: 7118

EVENT TYPE

1. MOVE

2nd PULP TEST

3rd SLIP

SUPERHIT 1504