Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-23391

5. Indicate Type of Lease STATE XXX FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name: SHELL STATE SWD #1

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER S.W.D.

2. Name of Operator: I & W TRANSPORTATION

8. Well No. 1

3. Address of Operator: P.O. Box 939 LOVINGTON, N.M. 88260

9. Pool name or Wildcat: San Andres

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 32 Township 14S Range 34E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	XXX	PLUG AND ABANDON	☐	REMEDIAL WORK	XXX	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

12. 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.

3-29-91 Rig up unit to pull 2 7/8 tbg; Kill well w/10# Brine; Pull tbg. @ 17th jt. @ 1152'. Hole in tbg ½" net pkr & test Anu to 300#. Good test. Rest of tbg in hole w/tbg testers. Circ Via Anu pkr fluid 237 bbls w/oxygen scavengen, 1% Cronox 6697A inhibiton and 2% KCL base.
Pressure test Anu to 300# 30 min. and flange up well to inject.

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

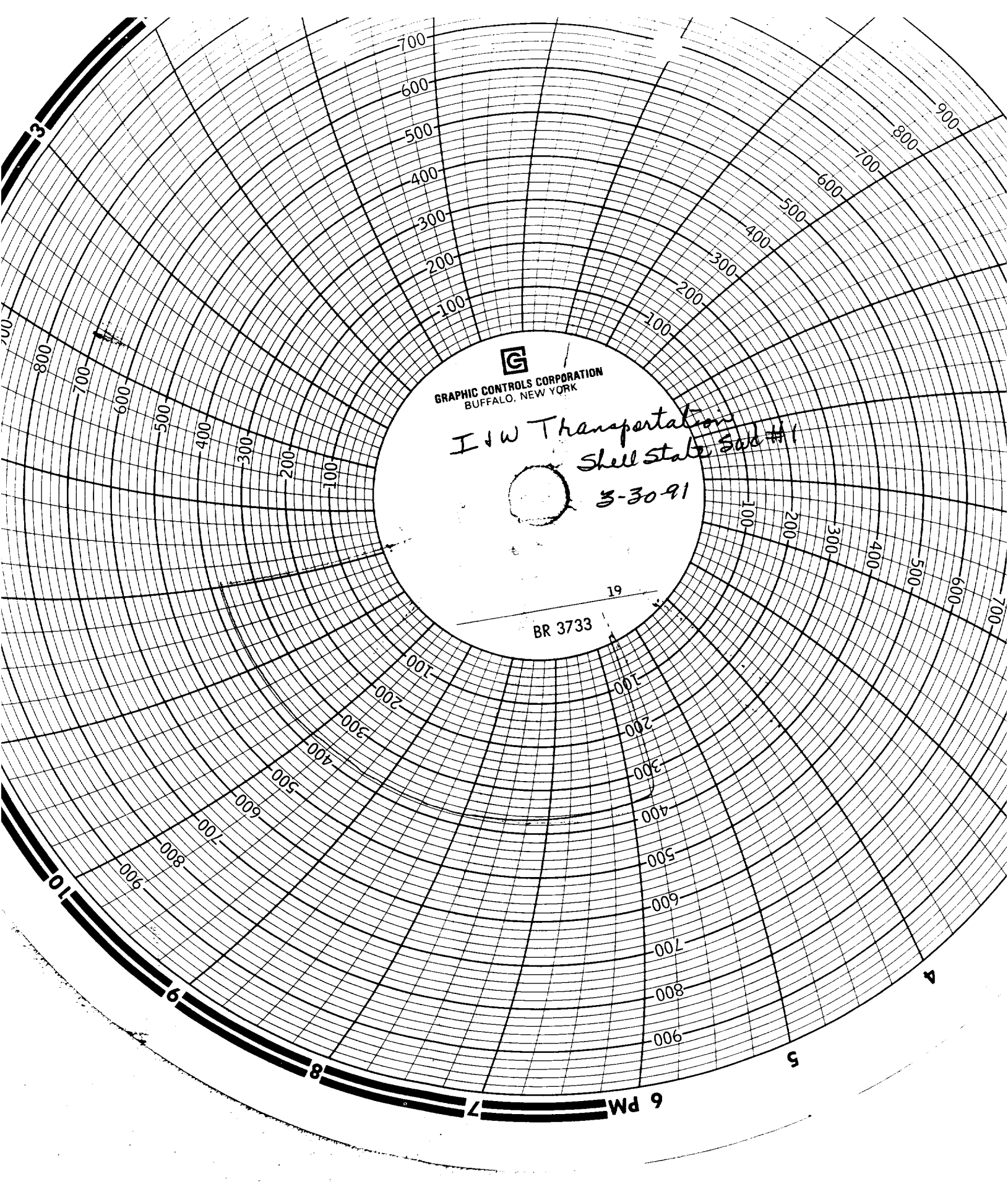
SIGNATURE Michael D. Caudill TITLE Manager DATE 04-02-91

TYPE OR PRINT NAME MICHAEL D. CAUDILL TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
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I & W Transportation
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3-30-91
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