

Submit 3 Copies
to Appropriate
District Office

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

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

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

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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Shell Western E&P Inc.

3. Address of Operator

P.O. Box 576 Houston, TX 77001-0576

4. Well Location

Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line

Section 30 Township 18S Range 38E NMPM LEA County

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

3650 GR

11.

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 ☐

OTHER: CMT SQZ & REPERF ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. POH W/PROD EQUIP.
2. CO TO TD (4256).
3. SET CIBP @ 4110 & CICR @ 4050.
4. SQZ SA PERFS 4081-92 W/50 SX CLS C NEAT CMT. WOC OVERNITE.
5. DO CICR & CMT. TAG CIBP.
6. PT SQZD PERFS TO 300#.
7. KO CIBP.
8. SET RBP @ 4075.
9. PT CSG & RBP TO 300#.
10. SPOT 100 GALS 15% NEFE HCL ABV RBP.
11. PERF SA 4042-70 (2 JSPF).
12. ACDZ PERFS 4042-70 W/2400 GALS 15% NEFE HCL.
13. REL RBP @ 4075. POH.
14. INST PROD EQUIP & RET WELL TO PROD.

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

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV.

DATE 7-10-90

TYPE OR PRINT NAME J. H. SMITHERMAN

(713)
TELEPHONE NO. 870-3797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 17 1990

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 13 1990

OLD

MOBBS OFFICE