

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 (WCK 4435)

4. Well Location
Unit Letter F : 2310 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 19 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3664' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT 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: ☐		OTHER: <u>WSO & ACD</u> ☒	

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.

8-19 TO 8-28-91:

POH W/PROD EQMT. KO CIBP @ 4056'. CO TO 4282'. SET CIBP @ 4162' & CIGR @ 4003'.
SQZD SA PERFS 4044' - 4150' W/100 SX CLS C NEAT CMT + 350 SCF/BBL N2 FOLLOWED BY
100 SX CLS C NEAT + 2% CACL2. TAG TOC @ 3995'. DO CMT & CIGR TO TOP OF CIBP @
4161'. PT SQZ TO 500#, HELD. DRLD ON CIBP & PUSHED TO BTM. CO TO PBTD. ACD SA
PERFS 4175' - 4262' W/3000 GAL 15% NEFE HCL + 750# ROCK SALT. INST PROD EQMT & RTP.

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 9/27/91

TYPE OR PRINT NAME J. H. SMITHERMAN

TELEPHONE NO. 713/870-3797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: