

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. (4431 WCK)

3. Address of Operator

P. O. BOX 576, HOUSTON, TX 77001

4. Well Location

Unit Letter F : 2310 Feet From The NORTH Line and 1650 Feet From The WEST Line

Section 29 Township 18S Range 38E NMPM LEA County

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

3653' DF

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: OAP & AT ☒

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) POOH w/ prod equip.

2) CO to 4190'.

3) Perf San Andres 4123' - 4134' w/ 2JSPF.

4) AT San Andres 4123' - 4134' w/ 1000 gals 15 % HCL acid + 600# rock salt,  
using RBP set @ 4140' and pkr set @ 4070'.

5) RIH w/ prod equip and return well to production.

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

SIGNATURE

*W. F. N. Kelldorf*

TITLE

STAFF PRODUCTION ENGINEER

DATE

3/15/89

TYPE OR PRINT NAME

W. F. N. KELLDORF

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

MAR 21 1989

CONDITIONS OF APPROVAL, IF ANY: