State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" N. HOBBS (G/SA) UNIT (FORM C-101) FOR SUCH PROPOSALS.) SECTION 32 Type of Well: WELL WELL OTHER 2. Name of Operator 8. Well No. Shell Western E&P Inc. 411 3. Address of Operator 9. Pool name or Wildcat (WCK 4435) P.O. Box 576 Houston, TX 77001-0576 HOBBS (G/SA) 4. Well Location Unit Letter A : 330 Feet From The NORTH 330 Feet From The \_\_\_EAST \_ Line and \_ Section Township 185 Range 38E **NMPM** LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3658' DF 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 X RUN LNR, PERF & AT 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. 1. POH W/PROD EQUIP. 2. CO TO TD (4272'). 3. SET PKR @ 3900'. PT ANN TO 500#. IF ANN HOLDS, POH W/PKR. IF ANN WILL NOT HOLD, POH W/PKR, SETTING @ VARIOUS DEPTHS TO LOCATE THE TOP OF ANY LK. POH W/PKR. IF CSG LKS ARE FOUND, CMT SQZ WILL BE PERFORMED. work not done 4. RUN CNL/GR LOG FROM TD TO SURF. 5. RUN 17 JTS 5-1/2 IN. 15.5# J-55 LNR. LAND LNR @ 4270'. SET LNR HANGER @ 3740'(+/-). 6. CMT LNR W/60 SX CLS C NEAT. WOC OVERNITE. 7. PT CSG & TOL TO 500#. 8. RUN CBL/CCL/GR FROM PBTD TO TOL. 9. SPOT 400 GALS 15% HCL @ PBTD. 10. PERF SA W/2 JSPF @ DEPTHS DETERMINED FROM LOG EVAL. 11. AT W/TREATMENT SCH BASED ON PERF SELECTION. 12. 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.

STONATURE ATT MITTHE TITLE REGULATORY SUPV.

TYPE OR PRINT NAME J. H. SMITHERMAN

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

(713)

TELEPHONE NO. 870-3797

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