State of New Mexico

Form C-103

| Submit 3 Copies to Appropriate District Office | Energy, Minerals and Natural Reso | xurces Department | Revised 1-1-89 |
|--|---|-----------------------------|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATION P.O. Box 2088 | DIVISION | WELL API NO. |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of Lease STATE FEE FEE |
| DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 | | | 6. State Oil & Gas Lease No. |
| (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C | ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN C RVOIR. USE "APPLICATION FOR PERIO-101) FOR SUCH PROPOSALS.) | AL PLUG BACK TO A | 7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 24 |
| OF X MEIT | OTHER | | D MILITATE |
| 2. Name of Operator | | | 8. Well No. |
| Shell Western E&P Inc. | (WCK 4435 | 7 | 9. Pool name or Wildcat |
| 3. Address of Operator P.O. Box 576 Houston, T | ~ | , | HOBBS (G/SA) |
| 4. Well Location | | Line and | 2310 Feet From The 2310 LL €2 Line |
| Section 24 | Township 185 Ran | ige 37E | NMPM LEA County |
| | 10. Elevation (Show whether L 3673' DF | | |
| | Appropriate Box to Indicate Note Note 1 | Nature of Notice, I | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLI | 1 |
| PULL OR ALTER CASING | | CASING TEST AND | CEMENT JOB L |
| OTHER: WSO & AT | X | OTHER: | |
| 12. Describe Proposed or Completed Opwork) SEE RULE 1103. | erations (Clearly state all pertinent details, an | nd give pertinent dates, in | cluding estimated date of starting any proposed |
| STBLZR + 300 SCF/BBL 24 HRS. 5. DO CICR @ 4100' & UNDE | R @ 4100'. ' W/75 SX CLS C CMT + 2% CA(N2) FOLLOWED BY 75 SX CLS (ERLYING CMT TO CIBP @ 4150' 4241' W/3150 GAL 15% NEFE | PT SQZ TO 500#. | DO CIBP @ |

| | | |
|---|---------------------------------|---------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledg SKINATURE | e and belief. REGULATORY SUPV. | DATE9/18/91 |
| TYPE OR PRINT NAME J. H. SMITHERMAN | THE | TELEPHONE NO. 713/870-379 |
| (This space for State Use) | | SEP 2 4 1991 |
| DISTRICT I CURE TO A LA | - TILE | DATE |

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 2 3 1991

COS HOSSS OFFICE