

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.
30-025-28880

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 4587)

4. Well Location
Unit Letter C : 160 Feet From The NORTH Line and 1460 Feet From The WEST Line
Section 19 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3664.8' 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: PB, WSO, 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. POH W/PROD EQMT.
2. CO TO PBTD @ +/-4320'.
3. RIH W/BLR & PB FROM 4320' TO 4250' W/ +/-12 SX CMT.
4. SET CIBP @ 4100'.
5. SET CIGR @ +/-4000'.
6. SQZ SA PERFS 4051-70' W/150 SX CLS C CMT + 2% CACL2 + 1.5% HOWCO SUDS + .75% FOAM STABILIZER + 300 SCF/BBL N2 FOLLOWED BY 50 SX CLS C CMT + 2% CACL2. WOC 24 HRS.
7. DO CIGR & UNDERLYING CMT TO CIBP @ 4100'. PT SQZ TO 500#. DO CIBP, TAG NEW PBTD.
8. PERF SA 4125-36' (2 SPF).
9. ACD SA PERFS 4125' - 4244' W/6000 GAL 15% NEFE HCL + 1500# ROCK SALT.
10. INST PROD EQMT & RTP.

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 TECH. MANAGER - ENVIR. ENG. DATE 6/11/92

TYPE OR PRINT NAME W. F. N. KELLDORF

TELEPHONE NO. 713/870-3426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 15 1992

OCD HOBBS OFFICE