

NO. OF EMPLOYEES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

P. O. BOX 2088

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DREDGE OR PLACE
USE "APPLICATION FOR PERMIT --" (WOP-100) FOR SUCH PROJECTS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name	
2. Name of Operator SHELL WESTERN E&P INC.		8. Farm or Lease Name STATE T	
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS, 77001		9. Well No. 10	
4. Location of Well UNIT LETTER <u>J</u> , <u>2310</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>33</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat VACUUM (GLORIETA)	
15. Elevation (Show whether DF, RT, GR, etc.) 3956' DF		12. County LEA	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐			COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	CHANGE PLANS	☐	CASING TEST AND CEMENT JOBS	☐		
OTHER	☐			OTHER	☐		

WSO & ACID TREAT ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

1. Pull production equipment.
2. Run GR/CBL from TD to surface.
3. Set RBP @ 5000'. Spot 3 sx sd on RBP. Pressure test RBP to 1000 psi.
4. Perforate w/4-way shot @ the top of the Base Salt section ($\pm 2600'$).
5. Set cmt retainer @ $\pm 2500'$.
6. Squeeze w/2000 sx Lite cmt followed by 500 sx Class "C" cmt w/2% KCl. WOC 24 hrs.
7. Drill out cmt and retainer. Pressure test squeeze to 1000 psi.
8. Clean out to RBP @ 5000'.
9. Run GR/CBL from TD to surface.
10. If cmt job is satisfactory, retrieve RBP @ 5000'.
11. Acid treat Glorieta/Paddock perf's 5983' - 6202' w/6000 gals 15% HCl-NEA.
12. Install production equipment and return well to production.

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

NAME Asst. Dir. for A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE JUNE 13, 1985

APPROVED BY [Signature] TITLE _____ DATE _____