

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 88241-1980

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.	30-025-33307
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1414-2
7. Lease Name or Unit Agreement Name	STATE RIDGE "B"
8. Well No.	1
9. Pool name or Wildcat	WILDCAT

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P. O. BOX 576 HOUSTON, TX 77001 ATTN. YVONNE T. IVERSON	
4. Well Location Unit Letter <u>I</u> : <u>2310'</u> Feet From The <u>SOUTH</u> Line and <u>990'</u> Feet From The <u>EAST</u> Line Section <u>SECTION 30</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3979'	

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: ☐

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.

MARCH 24, 1996

WELL SPUD AT 9:45 AM.

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

SIGNATURE Yvonne T. Iverson TITLE LAND REPRESENTATIVE DATE 3/29/96

TYPE OR PRINT NAME YVONNE T. IVERSON TELEPHONE NO. (713)544-3226

(This space for State Use)

ORIGINAL SIGNED COPY TO BE RETURNED TO

DISTRICT OFFICE

APPROVED BY _____ TITLE _____ DATE April 1, 1996

CONDITIONS OF APPROVAL, IF ANY: