

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.	30-025-33594
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	HOOVER 32
8. Well No.	1
9. Pool name or Wildcat	NORTH VACUUM-ABO & VACUUM; DRINKARD

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P. O. BOX 576 HOUSTON, TX 77001	
4. Well Location Unit Letter H : 2231' Feet From The NORTH Line and 385' Feet From The EAST Line Section 32 Township T17S Range R35E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3943' GL	

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: SPUD WELL & RAN 13.375" CSG ☐

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.

SEPTEMBER 28, 1996
SPUD WELL AT 1:00 AM.

SEPTEMBER 30, 1996
RAN 36 JTS (1621.46') 13.375" CSG; FC@1572'. CMT CSG @1615' W/1250 SXS "C" + 4% GEL + 1% CACL2 + .25#/SX CELLOSEAL & 250 SXS "C" + 2% CACL2; DISP W/247 BBLs BRINE; BUMPED PLUG W/1200 PSI. FLOATS HELD OK. CIRC 252 SXS CMT.

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 10/4/96
TYPE OR PRINT NAME YVONNE T. IVERSON TELEPHONE NO. (713)544-3226

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 11 1996
CONDITIONS OF APPROVAL, IF ANY: _____