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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Shell Oil Company		8. Farm or Lease Name Thorp
3. Address of Operator P. O. Box 1509, Midland, Texas 79701		9. Well No. 2
4. Location of Well UNIT LETTER I , 2310' FEET FROM THE south LINE AND 940 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 19-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3602 DF		12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

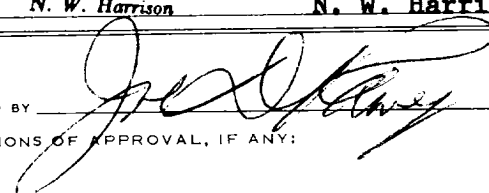
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Acidize via tbq - csg annulus w/2000 gal 15% NEA as follows:

- Pump 100 bbls formation water.
- Pump 1000 gal 15% NEA.
- Pump saturated brine gel w/500# rock salt.
- Pump 1000 gal 15% NEA.
- Flush to formation w/formation water.
- Use additives as recommended.
- Pump w/1 truck at approximately 3 BPM.

2. Pump load and test.

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

Original Signed By SIGNED N. W. Harrison N. W. Harrison TITLE Staff Operations Engr. DATE 2-11-69	
APPROVED BY 	TITLE SUPERVISOR DISTRICT # DATE 2-11-69
CONDITIONS OF APPROVAL, IF ANY:	