

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. 30-025-06740
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ARGO A
8. Well No. 8
9. Pool name or Wildcat WANTZ ABO

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 (wck 5237)
4. Well Location Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WEST Line Section 22 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3438' DF

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: **MIT** ☒

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.

8-16-94:

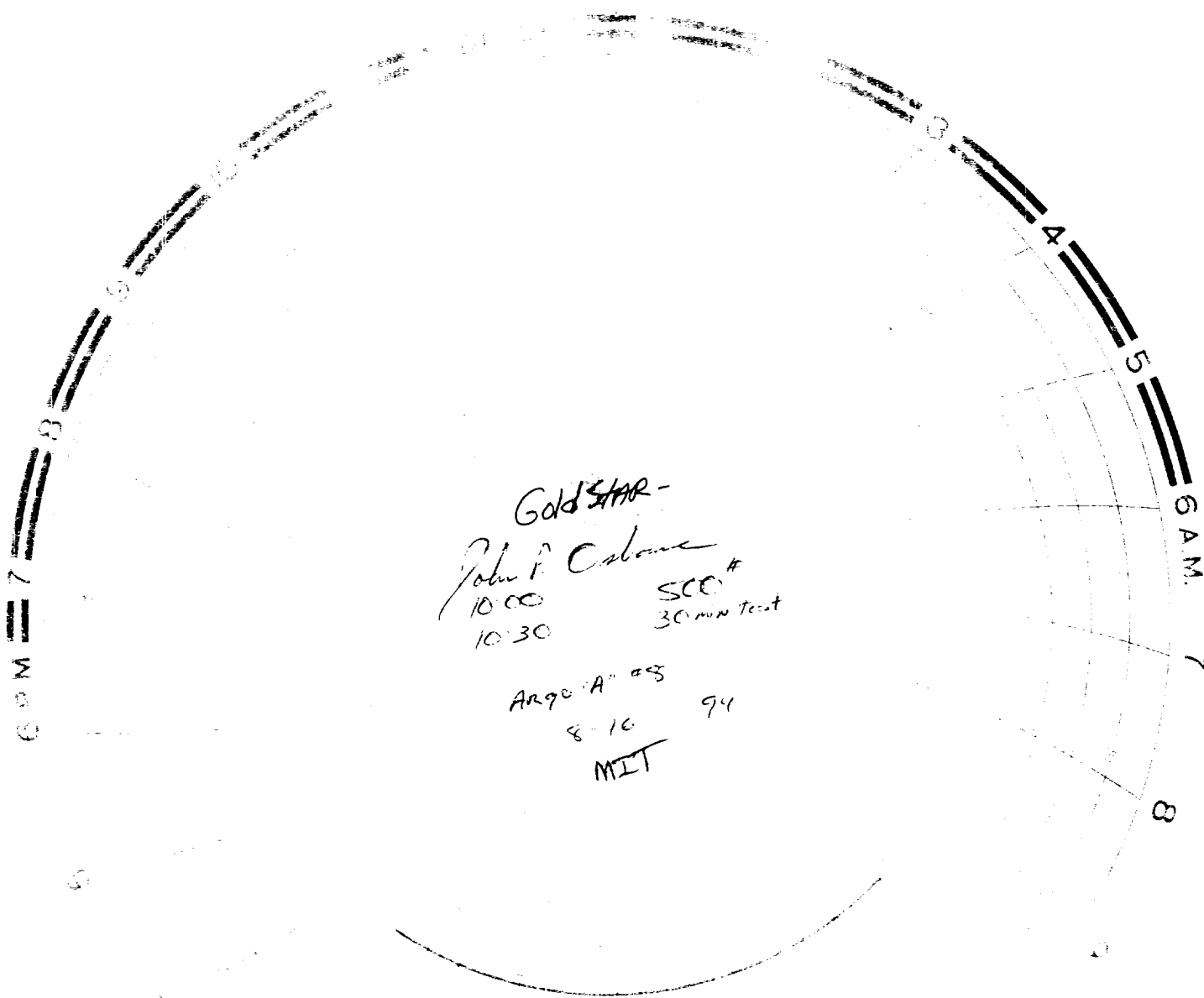
PT CSG TO 500# FOR 30 MIN, HELD. (CHART ATTACHED) RETD TO TA'D STATUS.

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

SIGNATURE *A. J. Durrani* TITLE **TECH MGR - ASSET ADMIN.** DATE **9/13/94**
TYPE OR PRINT NAME **A. J. DURRANI** TELEPHONE NO. **713/544-3797**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE **SEP 20 1994**
CONDITIONS OF APPROVAL, IF ANY:



Gold STAR -
John P. Calane
10:00
10:30
SCC #
30 min Test
Angle "A" 45
8-10 94
MIT