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 Office | |
|---|--|
| DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT II Santa Fe, New Mexico | 30-025-06760 |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WEL | LS //////////////////////////////////// |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN (DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A |
| 1. Type of Well: OIL GAS WELL WELL OTHER | |
| 2. Name of Operator | 8. Well No. |
| Shell Western E&P, Inc. | 911 9. Pool name or Wildcat |
| 3. Address of Operator P.O. Box 576, Houston, TX 77001 Shirley Gali | |
| 4. Well Location Unit Letter L : 1980 Feet From The South | |
| Section 23 Township 21S R | ange 37E NMPM LEA County |
| 10. Elevation (Show wheth | ner DF, RKB, RT, GR, etc.) 3411' DF |
| 11. Check Appropriate Box to Indicate | Nature of Notice, Report, or Other Data |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK LATTERING CASING L |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT L |
| PULL OR ALTER CASING | CASING TEST AND CEMENT JOB |
| OTHER: | OTHER: CO and Stimulate |
| Describe Proposed or Completed Operations (Clearly state all pertinent dework) SEE RULE 1103. | tails, and give pertinent dates, including estimated date of starting any proposed |
| 10/05/95 to 10/11/95 | |
| POOH w/Prod Eqmt. RIH w/Pkr and set @ 6300'. Rock Salt. Pmp 2 drums T-131 scale chemical bbls of brine. Rel Pkr. RTP | . AT (Drinkard Perfs) w/840 gal 20% HCL and 300# down backside mixed w/10 bbl wtr followed by 100 |
| I hereby certify that the information above its true and complete to the best of my knowled signature | ige and belief. TILE <u>Engineering Assistant</u> DATE <u>2/07/96</u> TELEPHONE NO. 713/544-4219 |
| | |
| (This space for State Use) ORIGINAL A CARE AY (2008) (1) | F18 10 896 |

APPROVED BY CICYOTT IS IPPOSED. TITLE

CONDITIONS OF APPROVAL, IF ANY: