

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. |
| 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 RINEWALT |
| 8. Well No. 1 |
| 9. Pool name or Wildcat PADDOCK |

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

SHELL WESTERN E&P INC.

3. Address of Operator

P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

4. Well Location

Unit Letter F : 2310 Feet From The NORTH Line and 2970 Feet From The EAST Line

Section 4

Township 22S

Range 37E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3458' 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: ☐

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.

1. POH w/prod equip.

2. CO to 5390' (PBTD).

3. Run CBL/CCL/GR from 5390' to 200' above TOC behind 5" csg. If TOC is below 3400', a cmt sqz will be performed for the required 200' overlap of the intermediate string.

4. Set CIBP @ 5100' & cap w/35' cmt. Pres tst csg to 500# for 30 min.

5. Circ inhib wtr & TA well.

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

SIGNATURE

J. H. Smitherman

TITLE REGULATORY SUPV.

DATE 6-16-89

TYPE OR PRINT NAME

J. H. SMITHERMAN

(713) 870-3797

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 19 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: