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 ☐   FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

THOMAS LONG

2. Name of Operator

SHELL WESTERN E&P INC.

8. Well No.
4

3. Address of Operator

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

9. Pool name or Wildcat
PENROSE SKELLY GRAYGURG

4. Well Location

Unit Letter __N__ : __660__ Feet From The __SOUTH__ Line and __1980__ Feet From The __WEST__ Line

Section __11__   Township __22S__   Range __37E__   NMPM   __LEA__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3360' KB

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: __TA'D__ ☒

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.

7-19 to 7-21-89:

POH w/prod equip. CO to 4050'. Set CIBP @ 3800'. Pres tstd csg to 500#, held OK. Ran CBL/CCL/GR from 3800' to 1550'. TOC @ 1750'. Dmpd 35' cmt on top of CIBP @ 3800'. Circ'd inhib wtr. Set CIBP @ 3650' & capped w/35' cmt. Well is TA'd.

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

SIGNATURE _____   TITLE REGULATORY SUPV.   DATE 8-10-89

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

AUG 1 4 1989

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: