

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 88241-1980

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.	30-025-10230
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	
THOMAS LONG	
8. Well No.	5
9. Pool name or Wildcat	BLINEBRY Oil & Gas (Pro Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3361' DF	

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 S.A. GALIK - 5239 WCK
4. Well Location	Unit Letter N : 919 Feet From The SOUTH Line and 1721 Feet From The WEST Line
Section 11	Township T22S Range R37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3361' 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: Co-mingle Blinebry & Tubb ☒

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.

9/10/96 to 9/11/96

RUPU. Install BOP. POH w/prod equip. Release packer at 5861'. Install well head and Return to Production.

Downhole commingle DHC Order #1236.

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

SIGNATURE S. A. Galik TITLE Engineering Assistant DATE Nov. 5, 1996

TYPE OR PRINT NAME S. A. Galik TELEPHONE NO. 713/544-4219

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: