

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

API #30-025-26723

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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.

1. CIL WELL ☒ CAB WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name GRIZZELL
3. Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001	9. Well No. 10
4. Location of Well UNIT LETTER I 1940 FEET FROM THE SOUTH LINE AND 380 FEET FROM THE EAST LINE, SECTION 8 TOWNSHIP 22-21-S RANGE 37-E N.M.P.M.	10. Field and Pool, or Wharft BRUNSON FUSSELMAN
15. Elevation (Show whether DF, RT, GR, etc.) 3405.7' GR	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OAP & ACD ☒

17. 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.

5-27-86: Pulled production equipment.

5-28-86: Spotted 250 gals 15% HCl-NEA from 7250' to 7000'. Perf'd Fusselman 7155' - 7243' (2 JSPF, 46 holes).

5-29-86: Acd perfs 7155' - 7243' w/5500 gals 15% HCl-NEA + 1400# rock salt.

5-30-86: Installed production equipment and returned well to production.

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

SIGNED J. Sexton A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE JUNE 6, 1986

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITION OF APPROVAL, IF ANY: