

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<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>N. HOBBS (G/SA) UNIT<br>SECTION 31                          |
| 8. Well No.<br>131  |
| 9. Pool name or Wildcat<br>HOBBS (G/SA)   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3651' 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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>SHELL WESTERN E&P INC.  |
| 3. Address of Operator<br>P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)   | 4. Well Location<br>Unit Letter L : 990 Feet From The WEST Line and 2310 Feet From The SOUTH Line<br>Section 31 Township 18S Range 38E NMFM LEA County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3651' DF  |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:                     |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | OTHER: <input type="checkbox"/>           |
| OTHER: <input type="checkbox"/>   |   |

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.

2-25-88 TO 2-26-88

PUMPED 500 GAL XYLENE DOWN CSG. CIRC'D FOR 24 HOURS. PUMPED 2000 GAL 15% NEFE ACID DOWN CSG. FLUSHED WITH 100 BBLS FRESH WATER. RETD TO PROD.

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

SIGNATURE J. H. Smitherman TITLE PROD. ADMIN. ADVISOR DATE MAY 9 1989  
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

MAY 12 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 11 1969

OCB  
HOBBS (100-100)