

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-07411
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 N. HO3BS (G/SA) UNIT SECTION 28
8. Well No. 441
9. Pool name or Wildcat HOBBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3642' GR

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 INJECTOR

2. Name of Operator
Shell Western E&P Inc.

3. Address of Operator
P.O. Box 576, Houston, TX 77001 (WCK 5237)

4. Well Location
Unit Letter **P**: **330** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line

Section **28** Township **18S** Range **38E** NMPM LEA County

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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: MIT <input checked="" 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.

5-23-94:
PT TBG/CSG ANN TO 300# FOR 30 MIN, HELD. (CHART ATTACHED) RTI.

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

SIGNATURE *A. J. Durrani* TITLE **TECH MGR - ASSET ADMIN.** DATE **7/07/94**
 TYPE OR PRINT NAME **A. J. DURRANI** TELEPHONE NO. **713/544-3797**

(This space for State Use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY **JERRY SEXTON**
DISTRICT I SUPERVISOR DATE **JUL 12 1994**

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