

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

OIL CONSERVATION DIVISION  
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.  
30-025-07361

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  
H. HOBBS (G/SA) UNIT  
SECTION 19

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
131

2. Name of Operator  
SHELL WESTERN E&P INC.

9. Pool name or Wildcat  
HCBBS (G/SA)

3. Address of Operator  
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

4. Well Location  
Unit Letter L : 2310 Feet From The SOUTH Line and 330 Feet From The WEST Line  
Section 19 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3667' 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: Set CIBP, OAP & Acd

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.  
3-21 to 3-23-90:  
POH w/prod equip. CO to 4262' (PBTD). Set CIBP @ 4060'. PT csg to 500#. Spot 2 bbls 15% NEFE HCl abv CIBP. Ran GR/CCL. Perf'd SA 4034'-54' (2 JSFF). Acd perfs 4034'-54' w/800 gals 15% NEFE HCl. Inst prod equip & ret'd 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 REGULATORY SUPV DATE 4-30-90  
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 270-3797 TELEPHONE NO.

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

MAY 3 1990