

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 GAS WELL OTHER
2. Name of Operator: SHELL WESTERN E&P INC.
3. Address of Operator: P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435).
4. Location of Well: UNIT LETTER E 2310 FEET FROM THE NORTH LINE AND 330 FEET FROM THE WEST LINE. SECTION 33 TOWNSHIP 18-S RANGE 38-E N.M.P.M.
7. Unit Agreement Name: N. HOBBS (G/SA) UNIT
8. Face of Lease Name: SECTION 33
9. Well No.: 121
10. Field and Pool, or Wildcat: HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.): 3640' KB
12. County: LEA

16. 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Zone Test & x-flow ck</u> <input checked="" type="checkbox"/>

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.

1-24 to 1-25-87:
POH w/prod equip. CO to PBTD (4250'). Set RBP @ 4190'. Installed prod equip & ret'd well to prod.

2-16 to 2-17-87:
POH w/prod equip. Rel RBP @ 4190' & POH. Ran x-flow ck from 4030' to 4230'. Installed prod equip & ret'd well to prod.

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

SIGNED [Signature] FOR: A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 1-09-89

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 16 1989

MR. T. WAD

RECEIVED

JAN 18 1989

OCD.
HOBBS OFFICE