Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1.1.89

District Office				Keamed 1-1-	59
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	NSERVATIO P.O. Box 2088		WELL API NO.		
DISTRICT II Santa	Fe, New Mexico 8				
O. Drawer DD, Artesia, NM 88210			5. Indicate Type of		EE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas 1		EE
CUNDDY NOTICES AND DE	TOODTC ON WELL	6	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		mm
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "AI	PPLICATION FOR PER		i		
(FORM C-101) FOR SUCI	1 PROPOSALS.)		N. HOBBS (G/S	A) UNIT	
I. Type of Well: OL GAS WELL X WELL	OTHER		SECTION 13		
2. Name of Operator			8. Well Na		
Shell Western E&P Inc.			241		
3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 576 Houston, TX 77001-05	76		HOBBS (G/SA)		
4. Well Location		**************************************	THOODE (d) CA)		
Unit Letter N: 660 Feet From T	he SOUTH	Line and	1980 Feet From	The WEST	Line
Section 13 Township	18S Ran		NMPM LE	4	County
//////////////////////////////////////	ilevation (Show whether D 3680' DF	T, KAB, KI, GK, EIC.)	-		
11. Check Appropriate		lature of Notice R	eport or Other	V/////////////////////////////////////	
NOTICE OF INTENTION T			SEQUENT RE		
	· _	000	OCCUPIENT NE	LITORT OF:	_
PERFORM REMEDIAL WORK L PLUG AN	D ABANDON	REMEDIAL WORK		LTERING CASING	
EMPORARILY ABANDON CHANGE	PLANS	COMMENCE DRILLING	GOPNS. 🔲 F	LUG AND ABANDON	MENT 🗌
LL OR ALTER CASING CASING TEST AND CE			EMENT JOB		
OTHER:		OTHER: KO CIBP,	PB WITHIN SA &	ACD (RTP)	🗵
 12 Describe Proposed or Completed Operations (Clearly statework) SEE RULE 1103. 6-12 TO 6-17-91: KO CIBP W/BLR. BLR STUCK. CUT SD LINI BLR & CIBP REMNANTS, FELL FREE TO PBT CLS C CMT. WOC 3 HRS. TAG TOC @ 405: INST PROD EQUIP & RTP. 	E&POH. RIHW/O	DS, DC'S & JARS. DE DRILL. RAN GR/	SET WT ON	x	
I hereby certify that the information above is true and complete to the SIGNATURE TYPE OR PRINT NAME J. H. SMITHERMAN (This space for State Use)	ти	DECLU ATORY OF	UPV.	DATE7/17/91 ТЕLЕРНОМЕ NO. 713	
ORIGINAL HONED BY JERI DISTRICT I SUPERVI		P			33 19
74: NO 1		. ——————		- DATE	