Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] 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
N. HOBBS (G/SA) UNIT SECTION 13

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

8. Well No.
241

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

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

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

4. Well Location
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 13 Township 18S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3680' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | CHANGE PLANS [ ] | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER: DO CIBP, PB WITHIN SA, AT & ZN TST [X] | | OTHER: [ ] | |

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.

1. Rep csg lk found within 5' of GL during TA operation in 7/88. After PT, install BOP.
2. KO CIBP @ 3950' & push to btm @ 4098'.
3. RIH w/dump bailer. PB w/cmt to 4068'. WOC & tag PBTD.
4. Acdz Grayburg/SA OH 4012'-68' w/800 gals 15% NEFE HCl.
5. Inst prod equip & ret well to prod.

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

SIGNATURE [signature] TITLE SR. STAFF PRODUCTION ENGR. DATE 6-13-90

TYPE OR PRINT NAME W. F. N. KELLDORF (713) 870-3797 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: