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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name N. HOBBS (G/SA) UNIT
2. Name of Operator SHELL OIL COMPANY	8. Farm or Lease Name SECTION 13
3. Address of Operator P. O. BOX 991, HOUSTON, TX 77001	9. Well No. 241
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>13</u> TOWNSHIP <u>18-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3680' DF	12. County LEA

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER DEEPEN, ACIDIZE AND RETURN WELL TO ☒
PRODUCTION (TA'd 2/74)

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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. Deepen open hole to 4315'.
2. Acidize Zones II and IIIU with 80 bbls 15% HCl-NEA.
3. Install production equipment and return well to production.

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

SIGNED Jerry Sexton A. J. FORE

TITLE SUPERVISOR REG. & PERMITTING

DATE SEPTEMBER 1, 1983

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE SEP 6 1983

CONDITIONS OF APPROVAL, IF ANY: