

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-75

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.)

CIL ☐ CAS ☐ OTHER- INJECTOR

7. Unit Agreement Name  
N. HOBBS (G/SA) UNIT

Name of Operator  
SHELL WESTERN E&P INC.

8. Field or Lease Name  
SECTION 14

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

9. Well No.  
341

Location of Well  
UNIT LETTER O 660 FEET FROM THE SOUTH LINE AND 1650 FEET FROM  
THE EAST LINE, SECTION 14 TOWNSHIP 18-S RANGE 37-E NMPM.

10. Field and Pool, or Whichever  
HOBBS (G/SA)

15. Elevation (Show whether DF, RT, GR, etc.)  
3688' DF

12. County  
LEA

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 OPER. <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"/> | ACID DMP <input checked="" type="checkbox"/>  |

7. 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.

7-02-85: Pmpd 1000 gals 15% HCl-NEA dwn tbq. Returned well to injection.

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

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
DATE APRIL 11, 1986  
TITLE SUPERVISOR REG. & PERMITTING  
DATE APR 15 1986

RECEIVED  
APR 14 1966  
O.C.D.  
HARPS OFFICE