

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

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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. OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- INJECTOR	7. Unit Agreement Name N. HOBBS (G/SA) UNIT
2. Name of Operator SHELL OIL COMPANY	8. Farm or Lease Name SECTION 14
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001	9. Well No. 431
4. Location of Well UNIT LETTER I 1650 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE EAST LINE, SECTION 14 TOWNSHIP 18-S RANGE 37-E NMPM.	10. Field and Pool, or WHdcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3690' 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 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 JOBS <input type="checkbox"/>	
OTHER		OTHER CONVERTED TO UPPER/LOWER BASAL GRAYBURG <input checked="" type="checkbox"/> INJECTOR PMX - 89	

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.

10-01-82: Cleaned out to 4150'.

10-05-82 to 10-06-82: Acidized w/11,000 gals 15% HCl NEA. Set 5-1/2" Guiberson Uni-Pkr VI @ 3929' w/8,000# tension. Well complete for injection.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE OCTOBER 15, 1982

ORIGINAL SIGNED BY

APPROVED BY JERRY SEXTON

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
OCT 19 1982  
O.C.D.  
HOBBS OFFICE