Form C-103
Revised 1-1-89

_	State of New Mexico			Form C-103	
Submit 3 Copies	Copies Energy, Minerals and Natural Resources Department				Revised 1-1-89
to Appropriate District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		NSERVATION P.O. Box 2088	WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 882	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8		,		6. State Oil & Gas Lease No	
		TO ON WELL	<u> </u>		
(DO NOT USE THIS FORM FO	NOTICES AND RE OR PROPOSALS TO DE RESERVOIR. USE "AF ORM C-101) FOR SUCH	PLICATION FOR PER	M LEGG BROW 1911	7. Lease Name or Unit Agre N HOBBS (G/S	1
1. Type of Well:				SEC 23	
	ir 🖳 💮	OTHER INJECTOR			
2. Name of Operator				8. Well No.	
SHELL WESTERN E	&P INC.			9. Pool name or Wildcat	
3. Address of Operator	HOUSTON TV 7	7001 (WCK 44	135)	HOBBS (G/SA)	
P. O. BOX 576,	HUUSIUN, IA /	7001 (NOK)	.00/		
4. Well Location Unit Letter G:	1650 Feet From T	he <u>NORTH</u>	Line and165	Feet From The	AST Line
	Toumehin	18S Ran	37E	NMPM LEA	County
Section 23	7/////////////////////////////////////	Levation (Show whether I	F, RKB, RT, GR, esc.)	\////	///////////////////////////////////////
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	///////////////////////////////////////	3688' DE		<u> </u>	
	heck Appropriate	Box to Indicate N	Vature of Notice, R	leport, or Other Data	
	OF INTENTION T		SUE	SEQUENT REPOR	RT OF:
NOTICE				[] ALTED	ng casing
PERFORM REMEDIAL WORK		ID ABANDON	REMEDIAL WORK COMMENCE DRILLIN		AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE	PLANS			
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB L	(X)
OTHER:		[_]	OTHER:A	CD TREATMENT.	
12. Describe Proposed or Complete			d ains pertinent dates incl	uding estimated date of starting	any proposed
 Describe Proposed or Completwork) SEE RULE 1103. 	ted Operations (Clearly sta	ie au perineni aeiaus, un	a give periodia analy, according		
7-2-85	15% NFA DOUBLE	FOLLOWED BY 2	o BBLS. LET S	OAK 1 HOUR. RETE	TO INJECTION.
PUMPED 1000 GAL	15% NEN 500511				•
		. er f			
				,	
I hereby certify that the information	show is true and complete to	the best of my knowledge and	d belief.		MAV A S CT
I hereby certify that the information	A -++		TLE PROD. ADMIN	ADVISOR	MAY 0 3 1989
SIGNATURE	tombeman	TI	• .		
	CMITHEDMAN		(713) 870-3797 TE	LEPHONE NO.
TYPEORPRINT NAME . J. H	. SMITHERMAN				

(This space **包用GINAL** SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

9 1989 MAY

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 8 1989 OCD HOBBS OFFICE

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