State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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 23

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

2. Name of Operator
Shell Western E&P Inc.

8. Well No.
421

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576   (WCK 4435)

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

4. Well Location

Unit Letter __H__ : __1650__ Feet From The __NORTH__ Line and __330__ Feet From The __EAST__ Line

Section 23   Township 18S   Range 37E   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3685' DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	
PULL OR ALTER CASING [ ]		
OTHER:_____ [ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]	ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]	
OTHER:____CO & ACD____ [X]	

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.

7-17 TO 7-19-90:

POH W/PROD EQUIP. TAG BTM @ 4140'. CO TO 4158'. ACD GRAYBURG/SAN ANDRES OH 3997' - 4158' W/4500 GALS 15% HCL + 1500# ROCK SALT. INST PROD EQUIP & RETD WELL TO PROD.

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

SIGNATURE _____   TITLE REGULATORY SUPV.   DATE 3/25/91

TYPE OR PRINT NAME   J. H. SMITHERMAN   TELEPHONE NO. 713/870-3797

(This space for State Use)

APR 0 1 1991

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: