

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

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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))		WELL API NO. 30-025-09932
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SHELL WESTERN E&P INC.		6. State Oil & Gas Lease No.
3. Address of Operator P. O. BOX 1950, HOBBS, NM 88240 505/393-0325		7. Lease Name or Unit Agreement Name NORTH HOBBS UNIT SECTION 24
4. Well Location Unit Letter E : 1650 Feet From The NORTH Line and 990 Feet From The WEST Line Section 24 Township 18-S Range 37-E NMPM LEA County		8. Well No. 121
10. Elevation (Show whether DF, RKB, RT CR, etc) 3682' DF		9. Pool name or Wildcat HOBBS (G/SA)

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

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Adjust Injection Profile <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

09/23/96 - 10/04/96

POH W/INJ EQUIPMENT. SET CIBP @ 3975' AND CAP W/35' CMT. TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD. CIRC CSG W/INHIBITED FLUID. SECURE WELL FOR TA STATUS.

PURSUANT TO THE PROVISIONS OF NMOCD RULE 203. SHELL WESTERN HEREBY REQUESTS TEMPORARY ABANDONMENT APPROVAL FOR A PERIOD OF FIVE YEARS.

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 09/03/96  
TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393/1425

(This space for State Use) ORIGINAL SIGNED BY DISTRICT I DIVISION

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 06 1996