Submit 3 Copies to Appropriate

State of New Mexico 3. Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			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 25
1. Type of Well: OIL GAS WELL WELL OTHER INJECTOR			SECTION 25
2. Name of Operator			8. Well No.
Shell Western E&P Inc.			431
3. Address of Operator (WGK 4587)			9. Pool name or Wildcat
P.O. Box 576 Houston, TX 77001-0576			HOBBS (G/SA)
4. Well Location Unit Letter 1 : 3	30 Feet From The EAST	Line and	2310 Feet From The SOUTH Line
	Township 18S Ran	nge 37E	NMPM LEA County
Section 25	10. Elevation (Show whether i	DF, RKB, RT, GR, etc.)	
1/////////////////////////////////////			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON			
ILL OR ALTER CASING CASING TEST AND C		EMENT JOB L	
OTHER:		OTHER: AC	CD W/C02 X
12. Describe Proposed or Completed Oper	ntions (Clearly state all pertinent details, an	nd give pertinent dates, incl	uding estimated date of starting any proposed
work) SEE RULE 1103.			
1-20 TO 1-21-92:			
PMPD 4200 GAL 20% HCL + 24 TONS CO2. RTI.			
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	and complete to the heat of my broadeden and	belief.	
I hereby certify that the information above is to	rue and complete to the best of my knowledge and		R - ENVIR. ENG. DATE 5/19/92
SIGNATURE CONTROL OF THE SIGNATURE	у т	TECH. MANAGE	TELEPHONE NO. 713/870-342
TYPE OR PRINT NAME W. F. N. KE	LLDORF		TELEPHONE NO. / 13/07/0-342
(This space for State Use)			***** 0 2 100
	O BY JERRY SEXTOM	ne	DATE MAY 27'92
CONDITIONS OF APPROVAL, IF ANY:	SUPERVISOR		