

Submit 3 Copies
to Appropriate
District Office

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SEC 25
8. Well No. 441
9. Pool name or Wildcat HOBBD (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667' DF

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator SHELL WESTERN E&P INC.	3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)
4. Well Location Unit Letter P : 330 Feet From The EAST Line and 990 Feet From The SOUTH Line Section 25 Township 18S Range 37E NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: ACD TREATMENT <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

4-12-89

PUMPED 1000 GAL 15% HCL NEFE DOWN CSG, FLUSHED WITH 100 BBLs 9# BRINE & SHUT IN OVERNIGHT. RETD TO PRODUCTION.

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

SIGNATURE J. H. SMITHERMAN TITLE PROD. ADMIN. ADVISOR DATE 5-17-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 22 1989