

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<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>N.HOBBS (G/SA) UNIT<br>SECTION 25                           |
| 8. Well No.<br>241  |
| 9. Pool name or Wildcat<br>HOBBS (G/SA)   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3672' 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 ☒ GAS WELL ☐ 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 N : 2310 Feet From The WEST Line and 990 Feet From The SOUTH Line  
Section 25 Township 18S Range 37E NMPM LEA County

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

2-29-88

PUMPED 1000 GAL 15% NEFE ACID DOWN CSG. FLUSHED WITH 100 BBLS FRESH WATER. SHUT IN FOR 2 HOURS. 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 MAY 09 1989  
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 MAY 12 1989

CONDITIONS OF APPROVAL, IF ANY: