STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES ACCEIVED	T	
DISTRIBUTION		
BANTA FE		
FILE		
U.S.G.S.		L
LAND OFFICE		
OPERATOR		

DISTRIBUTION P. O. BOX 2088 SANTA FE. SANTA FE, NEW MEXICO	Form C-103 . Revised 10-1-78
CANTA SE NEW MEYICO	
	Sa. Indicate Type of Leuse
FILE	State X Fee
U.S.O.S.	5. State Oil & Gas Lease No.
OPERATOR	3, state 5.1 5 = 1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFE (DO NOT USE THIS FORM FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
1.	1 1
OIL XX GAS OTHER-	N. HOBBS (G/SA) UNIT
2. Name of Operator	SECTION 25
SHELL OIL COMPANY	9. Well No.
3. Address of Operator	411
P. O. BOX 991, HOUSTON, TX 77001	10. Field and Pool, or Wildcat
of Well	HOBBS (G/SA)
UNIT LETTER A 330 FEET FROM THE NORTH LINE AND	
THE EAST LINE, SECTION 25 TOWNSHIP 18-S RANGE	
15. Elevation (Show whether DF, RT, GR,	etc.) 12. County
3670' DF	LEA (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(1) 11 11 11 11 11 11 11 11 11 11 11 11 1	Papart of Other Data
Check Appropriate Box To Indicate Nature of N	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PLUG AND ABANDON REMEDIAL W	C ALUDONAENT
COMMENCE	DAILLING OPAS.
	DENED ADDITIONAL PAY AND ACIDIZED X
	
OTHER	date of starting any propose
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give	pertinent dates, including estimated and of states

Spotted 200 gals 15% HC1-NEA. Perf'd 3959' to 4244'. Acidized perfs 4219' to 4244' 3-04-83: w/2400 gals 15% HC1 NEA.

3-07-83: Acidized perfs 4180' to 4191' w/800 gals 15% HCl NEA. Acidized perfs 3959' to 4027' w/4,000 gals 15% HCl NEA.

3-08-83: Installed production equipment and returned well to production.

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18. I hereby certify they the information above is true and complete	e to the best of my knowledge and belief.	
18. I hereby centry that the mountain for A. J. FORE	SUPERVISOR REG. & PERMITTING	MARCH 11, 1983
ORIGINAL SIGNED BY EDDIE SEAY		MAR 17 1983
APPROVED BY OIL & CAS INSPECTOR	YITLE	OATE
CONDITIONS OF APPROVAL, IF ANY:		