

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 ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 25
8. Well No. 321
9. Pool name or Wildcat HOBBS (G/SA)

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 <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>18S</u> Range <u>37E</u> NMPM <u>1EA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3670' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: <u>DAP & Acdz</u> ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☒

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.

1. POH w/prod. equip.
2. Tag PBTD @ 4088'.
3. DO cmt & CICR to 4114'.
4. Perf SA 4102'-05' (2 JSFP).
5. Set RBP @ PBTD, Acdz perms 4102'-05' w/800 gals 15% NEFE-HCl.
6. Rel RBP & reset @ 4095'. Acdz Grayburg perms 3961' - 4085' w/4000 gals 15% NEFE HCl + 600# rock salt. Rel RBP & POH.
7. Install prod equip & ret well to prod.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 4-17-90
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 23 1990