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. 30-025-05539

5. Indicate Type of Lease   STATE [X]   FEE [ ]

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

SEC 36

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER   INJECTOR

8. Well No.
411

2. Name of Operator
SHELL WESTERN E&P INC.

9. Pool name or Wildcat
HOBBS (G/SA)

3. Address of Operator
P. O. BOX 576, HOUSTON, TX 77001   (WCK 4435)

4. Well Location
Unit Letter __A__ : __330__ Feet From The __NORTH__ Line and __330__ Feet From The __EAST__ Line

Section __36__   Township __18S__   Range __37E__   NMPM   __LEA__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3658' DF

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: ___ACD TREATMENT___ [X]

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.

7-2-85
PUMPED 1000 GAL 15% NEA DOUBLE FOLLOWED BY 20 BBLS. LET SOAK 1 HOUR. RETD TO INJ.

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

SIGNATURE _____   TITLE PROD. ADMIN. ADVISOR   DATE MAY 0 3 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

MAY 8 1989

APPROVED BY_____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: