Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Arlesia, NM 88210			5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6.			6. State Oil & Gas I		FEE C.
ELINDRY NOT	ICES AND REPORTS O	N WELLS			
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 U	-	
1. Type of Well:	-101) FOR SOCH PROFOSAL	.5.,	N. HOBBS (G/SA) UNIT	<u>-</u>
OE GAS WELL	OTHER]	NJECTOR	SEC 36		
2. Name of Operator			8. Well No.	.•	•
SHELL WESTERN E&P INC. 3. Address of Operator			9. Pool name or Wil	dent	
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)			HOBBS (G/SA)		
4. Well Location	<u> </u>	· · · · · · · · · · · · · · · · · · ·		5/1)	
Unit Letter G : 16	50 Feet From The NOR	TH Line and 1650	Feet From T	he <u>EAST</u>	Line
Section 36	m1: 10°	p 27°	an em e	n	_
Section 30	Township 18S 10. Elevation (Show)	Range 37E whether DF, RKB, RT, GR, etc.)	NMPM LE		County
	366	3'DF			
11. Check	Appropriate Box to Ind	icate Nature of Notice, R	eport, or Other I	Data	
NOTICE OF INT	TENTION TO:	SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	· [LTEDING CACI	
				LTERING CASII	NG [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. P	LUG AND ABAN	IDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER: ACD T	REATMENT		X
12 Day 2 - Parada a Caralata Cara	tions (Clarely state all audious 3		7		
 Describe Proposed or Completed Operators SEE RULE 1103. 	nons (Cleany state all penthent a	eiaus, ana give periineni aaies, inciuc	ung estimated date of st	arting any propos	sed
4-8-86 DUMPED 2000 GAL 15% N	EFE ACID DOWN TBG.	RETD TO INJECTION.			
		·			
-				•	
7-2-85					
PUMPED 1000 GAL 15% N	EA DOUBLE FOLLOWED	BY 20 BBLS PW. LET	SOAK 1 HOUR.	RETD TO 1	NJECTION.
					
I hereby certify that the information above is true	and complete to the best of my knowl	•		MAV	0 0 15 -
SIGNATURE	Mema	PROD. ADMIN.	AUVISOR	DATE TIM!	0 3 1989
TYPE OR PRINT NAME J. H. SMIT	HERMAN	(71	3) 870-3797	ТЕГЕРНОНЕ НО.	
(This space for State Use)					
ORIGINAL SPONED	OY JERRY SERTING			MAY	0 1000
APPROVED BY DISTRICY S		mr	•	DATE	9 1989