State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.

5. Indicate Type of Lease
STATE ☐   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.
211

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 __C__ : __330__ Feet From The __NORTH__ Line and __2310__ Feet From The __WEST__ Line

Section 36   Township 18S   Range 37E   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3670' GR

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____ ☒

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.

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


4-8-86
DUMPED 2000 GAL 15% NEFE ACID DOWN TBG. RETD TO INJECTION.
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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)

APPROVED BY _____   TITLE _____   DATE MAY 9 1989

CONDITIONS OF APPROVAL, IF ANY: