

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.	30-025-07341
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
N. HOBBS (G/SA) UNIT SECTION 18	
8. Well No.	231
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3676' DF	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1901</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>1EA</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676' DF	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>OAP &amp; ACD</u> <input checked="" type="checkbox"/>	

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.

7-24 to 7-26-89:

POH w/prod equip. Tagged CIBP @ 4132'. Perf'd SA 4106'-12' (2 JSPF). Acd perfs 4106'-12' w/500 gal's 15% HCl. Pres tstd CIBP to 500#, held OK. Installed prod equip & ret'd to prod.

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

SIGNATURE Paul Kautz TITLE REGULATORY SUPV. DATE 8-18-89

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:

AUG 22 1989

RECEIVED

AUG 21 1989

OCD  
HOBBS OFFICE