Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-07349

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 SECTION 18

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Shell Western E&P Inc.

8. Well No.
411

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576 (WCK 5237)

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

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 990 Feet From The EAST Line

Section 18 Township 18S Range 38E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3681' DF

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | ☐ | PLUG AND ABANDON | ☒ | REMEDIAL WORK | ☐ | ALTERING CASING | ☐ |
| TEMPORARILY ABANDON | ☐ | CHANGE PLANS | ☐ | COMMENCE DRILLING OPNS. | ☐ | PLUG AND ABANDONMENT | ☐ |
| PULL OR ALTER CASING | ☐ | | | CASING TEST AND CEMENT JOB | ☐ | | |
| OTHER: | ☐ | | | 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. NOTIFY NMOCD AT LEAST 24 HRS PRIOR TO COMMENCING P&A OPERATIONS.
2. CO TO 2561'.
3. RIH W/OE TBG TO 1850'. PMP 25 SX CLS "C" CMT FROM 1850' TO 1500'.
4. SET CICR @ 390'. ESTAB CIRC. PMP CLS "C" CMT + 4% GEL + 2% CACL2 UNTIL RETURNS ARE RECEIVED AT THE SURF. (EST. CMT VOL: 325 SX.) STING OUT OF CICR & SPOT 390' CMT BACK TO SURF.
5. IF SUCCESSFUL IN CIRC CMT TO SURF, PROCEED TO STEP 6. IF UNSUCCESSFUL, POH & CONTACT ENGR FOR REVISIONS TO REMAINING STEPS.
6. CUT OFF 4-1/2" CSG 3' BELOW GL & WELD ON CAP.
7. CLN LOC & INST P&A MARKER.

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

SIGNATURE J. Marcus Winkler TITLE TECH. MANAGER - ASSET ADMIN. DATE 2/16/94

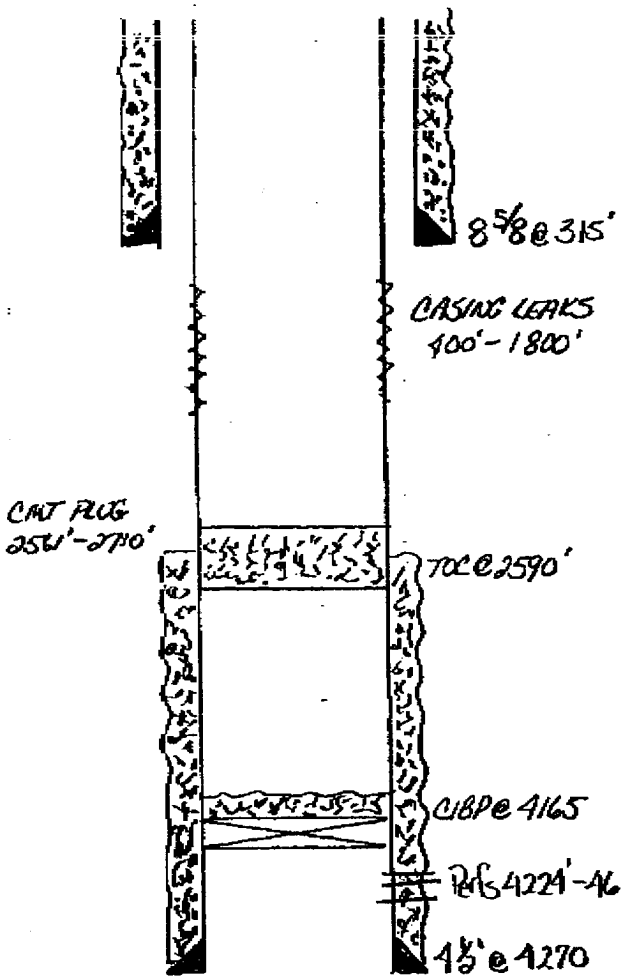
TYPE OR PRINT NAME A. J. DURRANI TELEPHONE NO. 713/544-3797

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE FEB 25 1994

CONDITIONS OF APPROVAL, IF ANY:

NHU 18-411
CURRENT CONFIGURATION




NHU 18-411
PROPOSED CONFIGURATION