

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.  
30-025-07356

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.)

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

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

3. Address of Operator  
P.O. Box 576 Houston, TX 77001-0576 (LOCK 4435)

4. Well Location  
Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line

Section 19 Township 18S Range 38E NMPM LEA County

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

3672' DF

7. Lease Name or Unit Agreement Name  
N. HOBBS (G/SA) UNIT  
SECTION 19

8. Well No.  
111

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

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: ☐

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 RU.
2. POH W/PROD EQMT.
3. CO TO PBTD @ +/-4067'.
4. SET CIBP @ +/-3900' & CAP W/35' CMT.
5. PT CSG TO 500# FOR 30 MIN.
6. CIRC INHIB WTR.
7. SECURE WELL FOR TA STATUS.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 8/30/91

TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. 713/870-3797

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 02 1991

LIBRARY  
HOBBY