

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.

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

(WCK 4435)

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)

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

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: PB SAN ANDRES & AT ☒

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. TAG BTM & TOH W/PROD EQUIP.
2. CO TO PBTD @ 4106' (POSS TI SPOT @ 4023').
3. PB SAN ANDRES W/APPROX 6 SX CLS C CMT FROM 4106' TO BTW 4060' & 4070'. WOC 2 HRS (TO ENSURE THERE IS NO MOVEMENT DUE TO X-FLOW) AND VERIFY DEPTH W/CCL. ONCE PB IS COMP, WOC AS LONG AS NECESSARY PRIOR TO AT.
4. AT G/SA OH 3945' - 4060'(+/-) W/1500 GALS 15% NEFE HCL.
5. INST PROD EQUIP & RET WELL TO PROD.

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 2/07/91

TYPE OR PRINT NAME J. H. SMITHERMAN

TELEPHONE NO. 870-3797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: