

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.

7. Lease Name or Unit Agreement Name

N. HOBBS (G/SA) UNIT
SECTION 19

8. Well No.

121

9. Pool name or Wildcat

HOBBS (G/SA)

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 (WCK 4435)

4. Well Location

Unit Letter E : 2310 Feet From The NORTH Line and 333 Feet From The WEST Line

Section 19 Township 18S Range 38E NMPM LEA County

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

3666' 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: OAP & Acdz ☒

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. POH w/prod equip.

2. CO to TD (4280').

3. Set RBP @ 4080'. Pres +st csg to 500#.

4. Spot 2 bbls 15% NEFE HCl abv RBP.

5. Run GR/CCL.

6. Perf SA 4050'-66' (2 JSFF).

7. Acdz perf's 4050'-66' w/800 gals 15% NEFE HCl.

8. Rel RBP & reset @ 4240'.

9. Acdz perf's 4191' - 4236' w/3000 gals 15% NEFE HCl + 1000# rock salt.

10. Rel RBP & POH.

11. Inst prod equip & ret 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

2-2-90

TYPE OR PRINT NAME

J. H. SMITHERMAN

(713) 870-3797

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY _____

APPROVED BY _____

DISTRICT _____

TITLE _____

DATE _____

FEB 07 1990

CONDITIONS OF APPROVAL, IF ANY: