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. 30-025-07362	
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 19

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

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

8. Well No.
231

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

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

4. Well Location

Unit Letter __K__ : __2310__ Feet From The __SOUTH__ Line and __2310__ Feet From The __WEST__ Line

Section __19__   Township __18S__   Range __38E__   NMPM   __LEA__   County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3663' 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: ACD	☒

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.

11-28 TO 12-05-90:

POH W/PROD EQUIP. CO TO 4240' (PBTD). ACD SA PERFS 4130' – 4235' W/5000 GALS
15% NEFE HCL + 1800# ROCK SALT. INST PROD EQUIP & RETD TO PROD.

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

SIGNATURE _____   TITLE __REGULATORY SUPV.__   DATE __3/19/91__

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: