Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

WELL API NO.	725-67363
5. Indicate Type of	Lease STATE FEE X

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 P.O. Box 2088	WELL API NO. 36-025-67363	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	A 7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL OTHER	N. HOBBS (G/SA) UNIT SECTION 19	
2. Name of Operator	8. Well No.	
SHELL WESTERN E&P INC.	9. Pool name or Wildcat	
3. Address of Operator	1	
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	HOBBS (G/SA)	
4. Well Location  Unit Letter J : 2310   Feet From The SOUTH Line and	2310 Feet From The EAST Line	
Section 19 Township 18S Range 38E	NMPM LEA County	
Section 19 Township 185 Range 38E		
3661' DF	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
Charle Appropriate Box to Indicate Nature of Notice	Report, or Other Data	
- * <del>-</del> *	UBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL		
PULL OR ALTER CASING CASING TEST AN		
OTHER: OTHER:	Set CIBP, DAP & 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. 6-26 to 6-28-89: POH w/prod equip. CO to 4200'. Set CIBP @ 4104'. Perf'd San Andres 4080'-96' POH w/prod equip. CO to 4200' Set CIBP @ 4104'. Perf'd San Andres 4080'-96' (2 JSPF). Acd perfs 4080'-96' w/500 gals 15% HCI. Installed prod equip & retd to prod.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	A = 00	
SKINATURE TITLE REGULATOR	RY SUPV. DATE 8-8-89	
TYPE OR PRINT NAME J. H. SMITHERMAN	(713) 870-3797 телерноке ко.	
(This space for State Use)  ORIGINAL SIGNED BY JESSRY CONTON		
DISTRICT I SUPERVISOR	DATE	
APPROVED BY		