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1	DISTRIBUTION
1	SANTA FE
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	U.\$.G.\$.
į	LAND OFFICE
	OPERATOR

OIL CONSERVATION DIVISION

DISTRIBUTION P. O. BOX 2088	Form C-103 Revised 10-1-78
SANTA FE, NEW MEXICO 87501	
FILE	Sa. Indicate Type of Lease
U.S.G.S.	State Fee X 5. State Oil & Gas Lease No.
OPERATOR	5, State On & Gas Lease 110.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO CHILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" FORM C-1011 FOR SUCH PROPOSALS.)	
USE "APPLICATION FOR PERMIT -" IFURM C-1011 FOR SUCH PROPOSACS."	7. Unit Agreement Name
OIL GAS OTHER-	N. HOBBS (G/SA) UNIT
Name of Operator	8. Farm or Lease Name
SHELL OIL COMPANY	SECTION 19
Address of Operator	g well No.
P. O. BOX 991, HOUSTON, TX 77001	241
Location of Well	HOBBS (G/SA)
UNIT LETTER N . 330 FEET FROM THE SOUTH LINE AND 2310 FEET FROM	THINK THE THE
THE WEST LINE, SECTION 19 TOWNSHIP 18-S RANGE 38-E NMPM.	
THE WEST LINE, SECTION 19 TOWNSHIP 10-3 RANGE 30 1	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3661' DF	LEA ()
Check Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
NOTICE OF INTENTION TO: SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK XX * PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING PLUG AND ABANDONMENT
COMMENCE DRILLING OPNS.	LEGG MAD ADVIOLOGISTA
CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER	
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	g estimated date of starting any property
	(inicat tracer between
1. Inject a tracer @ bradenhead. Log to determine fluid movement.	(inject tracer between
$12^{\circ}1/2$ " and 9 5/8" @ no greater than 125 psi.)	
2. Set RBP @4100' (top perf @4144'). Spot 10' sand to top. Perfora	te as determined by log.
3. Set CR 75' above squeeze perfs. Pump $750 \pm sx$ cement. Reverse o	ut excess. WOC 24 hours.
4. DO cmt and pressure test squeeze to 500 psi. Retrieve BP.	
The state of the s	
5. Run production equipment. Return to production.	
* Per New Mexico Oil Conservation Commission request.	
FILE COM DESCRIPTION COMPLETE HOUSE FOLDE FOLDER	
HOURS AND THE SECOND SE	
E. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	72777 03 3003
A. J. FORE SUPERVISOR REG. / PERMITTING	G JULY 31, 1981
	AUG 3 1381
Orly, Sign-1 sy Janey Estado	AUD O MAN !
APPROVED BY	DATE