Submit 3 Copies to Appropriate

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

Form C-103 Revised 1-1-89

ristrict Office						
OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.		
TRICT II Santa Fe, New Mexico 87504-2088  Drawer DD, Arlesia, NM 88210				5. Indicate Type of Lease		
DISTRICT III				STATE FEE X  6. State Oil & Gas Lease No.		
00 Rio Brazos Rd., Aztec, NM 87410				G. State Off & Gas E	case 110.	
SUNDRY NOTICES AND REPORTS ON V (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE! DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSAL			S PLUG BACK TO A			
			AIT"	7. Lease Name or Unit Agreement Name		
Type of Well:	T) FOR SUCH PROPOSAL	<del></del>		N. HOBBS (G,	/SA) UNII	
OIL GAS WELL GAS	OTHER			ŞE <del>CTION</del> 19		
Name of Operator Shell Western E&P Inc.				8. Well No. 441		
Address of Operator P.O. Box 576, Houston, TX 77001				9. Pool name or Wildcat HOBBS (G/SA)		
Well Location Unit Letter P : 330	Feet From The SOUTH	1	Line and330	Feet From	The EAST	Line
Section 19	Township 18S	Ra	nge 38E	NMPM LEA		County
Section Section	10. Elevation (Show	w wheth	ner DF, RKB, RT, GR, e	tc.)		
. Check Appr	ropriate Box to Indi	cate	Nature of Notice	Report, or Ot	her Data	
NOTICE OF INT		care	SUI	SEQUENT I	REPORT OF	<b>=</b> :
NOTICE OF INT					LTERING CASING	
FORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK			
MPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING		PLUG AND ABANDO	'NMENI L
L OR ALTER CASING			CASING TEST AND C	EMENT JOB L		(
HER:			OTHER: TA'D			X
<ul> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> <li>-31 TO 6-02-94:</li> <li>OH W/PROD EQMT. SET CIBP @</li> </ul>						tarting any p
OH W/PROD EQMI. SEI CIBP ( IIN, HELD. (CHART ATTACHED)	SECURED WELL FOR	TA'D	STATUS. CLN LOC.	WELL IS TA'D.	,, , , , , , , , , , , , , , , , , , , ,	
URSUANT TO THE PROVISIONS O BANDONMENT APPROVAL FOR A	F NMOCD RULE 203, S PERIOD OF FIVE YEAR	SHELL S.	WESTERN HEREBY	REQUESTS TEMP	PORARY	
	ings as <b>abanca</b>	pro <sup>n</sup> Menŝ	al of Twister	y' /	-,6	
I hereby certify that the information above is tru						
SIGNATURE , A. Marcus C	Jindes	TI	TECH. MGR A	ASSET ADMIN.	DATE6/28/	/94
TYPE OR PRINT NAME A. J. DURRANI					TELEPHONE NO. 71	3/544-379
(This space for State Use)						
•			<b>CAIGIN</b> AL HON	in an arbeit den	IIII. MOT	OT TO

\_\_\_ TITLE \_\_\_

DISTRICT LIGHTRY MEDIC

CONDITIONS OF APPROVAL, IF ANY: