Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

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 20

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

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

8. Well No.
232

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

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

4. Well Location
Unit Letter K : 1325 Feet From The SOUTH Line and 1325 Feet From The WEST Line

Section 20 Township 18S Range 38E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3656' 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: OAP & 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.

7-09 TO 7-14-90:

POH W/PROD EQUIP. CO TO 3500'. TAG BTM @ 4275'. PERF'D SA 4158' - 4252' (2 JSPF). SET RBP @ 4265'. ACD PERFS 4235' - 4252' W/1000 GALS 15% NEFE HCL. LATCH ONTO RBP, POH. ACD PERFS 4158' - 4162' W/500 GALS 15% NEFE HCL. LATCH ONTO RBP, POH. 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 J.H. Smitherman TITLE REGULATORY SUPV. DATE 4/24/91

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: