Submit 3 Copies to Appro_riale District Office

APPROVED BY-

CONDITIONS OF APPROVAL, IP ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

- DATE -

Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 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 A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" N. HOBBS (G/SA) UNIT (FORM C-101) FOR SUCH PROPOSALS.) SECTION 28 1. Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. Shell Western E&P Inc. 411 3. Address of Operator 9. Pool name or Wildcat P.O. Box 576 Houston, TX 77001-0576 HOBBS (G/SA) Well Location __: 1315 Feet From The _ NORTH Unit Letter A 1115 Feet From The EAST Line and _ Line Section 185 Township Range 38E County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645' GR 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: ACD X OTHER:_ 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. 2-12 TO 2-19-91: POH W/PROD EQUIP. CO TO PBTD @ 4202'. ATTMPTD TO WASH OUT FILL, DID NOT MAKE ANY HOLE. ACD SA OH 4133' - 4202' W/4500 GALS 15% NEFE HCL + 1600# ROCK SALT. INST PROD EQUIP & I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY SUPV. DATE 7/19/91 J. H. SMITHERMAN TELEPHONE NO. 713/870-3797 TYPE OR PRINT NAME (This space for State Use)

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