

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO. <u>30-025-07421</u>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT	
8. Well No. 231	
9. Pool name or Wildcat HOBBS (G/SA)	

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	
2. Name of Operator Shell Western E&P Inc.	
3. Address of Operator P.O. Box 576, Houston, TX 77001 (WCK 5237)	
4. Well Location Unit Letter K : 1325 Feet From The SOUTH Line and 1325 Feet From The WEST Line Section 28 Township 18S Range 38E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3651' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **MIT** ☒

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.

12-08-94:

PT TBG/CSG ANN TO 335#, LOST 5# IN 15 MIN. HELD FOR 15 MIN. (CHART ATTACHED)
RTL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE G. S. NADY TITLE **MGR - ASSET ADMIN.** DATE **1/19/95**
TYPE OR PRINT NAME **G. S. NADY** TELEPHONE NO. **713/544-3797**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 25 1995

