## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

48. BF COPIES SCCEIVED	
POSTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

MO. OF COPIES RCCCIVED	OIL CONSERVA	TION DIVISION	
DISTRIBUTION	P. O. BOX 2088		Form C+103 -
SANTA FE	SANTA FE, NEW	MEXICO 87501	Revised 10-1-78
FILE			5a, Indicate Type of Lease
U.S.G.S.			State Fee X
LAND OFFICE		•	5. State Ott & Gas Lease No.
OPERATOR		,	5, state of a day games her
		*	mmmmmm
SUNDR'	Y NOTICES AND REPORTS ON	WELLS	
USE "APPLICATE	ON FOR PERMIT -** (FORM C-101) FOR SUC	H PROPOSALS.)	
1. OIL GAS [		•	7. Unit Agreement Name
WELL WELL OTHER- INJECTOR		N. HOBBS (G/SA) UNIT  8. Farm or Lease Name	
2. Name of Operator			8. Farm or Lease Name
SHELL OIL COMPANY		·	SECTION 28
3. Address of Operator			9. Well No.
P. O. BOX 991, HOUSTON,	TX 77001	-	111
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER D	90 FEET FROM THE NORTH	330	HOBBS (G/SA)
UNIT CETTER	PERI FROM THE	LINE AND FEET FRO	
WFST	28 TOWNSHIP 18-S	38_F	
THE MLOT LINE, SECTION	TOWNSHIP 100	HANGE JO-E NMP	
	15. Elevation (Show whether	DE RT GR etc.)	12. County
	3646' GR	21, 11, 31, 312,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	· · · · · · · · · · · · · · · · · · ·		LEA
Check A	ppropriate Box To Indicate N	lature of Notice, Report or O	ther Data
NOTICE OF IN	TENTION TO:	SUBSEQUEN	IT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CABING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER COMPLETE AS AN	INJECTOR X
OTHER		PMX - 89	
<ol> <li>Describe Proposed or Completed Operator</li> <li>be RULE 1103.</li> </ol>	erations (Clearly state all pertinent deta	ails, and give pertinent dates, includir	ng estimated date of starting any proposed
worky see Noce 1103.			·
		:	
1-20-82: Ran injection	equipment. Packer set	@3962' w/10.000# tension	on, profile mipple
@3960'. Pres	sure tested donut, 7" cs	sq. 4 1/2" liner lap and	1 4 1/2" liner. and
pkr to 500# -	held OK. Well complete	e for injection.	- 172 Titlet 3 and
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	•	•	

18. I hereby certify that the infermation above is true and complete to the best of my knowledge and belief. SUPERVISOR REG. & PERMITTING Originistica by Les Clemente