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 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OTT	CONSERVA	TION	DIVIS	ION

OIT CONSERABITON T WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease

F.O. DIZWG DD, Talloway Control	SIAIE LAI ILL C	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS	<i>{////////////////////////////////////</i>	
A DO NOT USE THIS EORN FOR PROPOSALS TO DRILL OR TO DEEPEN OH PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	N. HOBBS (G/SA) UNIT	
1. Type of Well: OIL OAS WELL X WELL OTHER	SECTION 29	
2. Name of Operator	8. Well No.	
SHELL WESTERN E&P INC.	231	
3. Address of Operator	9. Pool name or Wildcat	
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	HOBBS (G/SA)	
4. Well Location Unit Letter K 2310 Feet From The SOUTH Line and 165	O Feet From The WEST Line	
29 18S 38E	NMPM County	
10. Elevation (Show whether DF, RKB, RI, GR, Ele.)		
11. Check Appropriate Box to Indicate Nature of Notice, R	leport, or Other Data	
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND C		
OTHER: OAP	3	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusors) SEE RULE 1103.	uding estimated date of starting any proposed	

4-10-89 TO 4-13-89

POH WITH PROD EQUIP. RIH WITH RBP & PKR. SET RBP @ 4132'. SET PKR & PT RBP TO 500#, HELD OK. SPOTTED 100 GAL 15% HCL. POH WITH PKR. PERFED SAN ANDRES (4106-4124') WITH 2 JSPF. RIH WITH PKR & SET @ 4970'. ACD SAN ANDRES(4106-4124') WITH 900 GAL 15% HCE. FLUSHED WITH 30 BBLS WATER. POH WITH PKR & RBP. RIH WITH PROD EQUIP. RETD TO PROD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
sat Amtherna	TITLE PROD. ADMIN. ADVISOR DATE 5-17-89			
SKIRKTORE	(713) 870–3797 телерноме но.			
TYPE OR PRINT NAME . J. H. SMITHERMAN	(713) 070 3737			
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	MAY 2 2 1989			
APPROVED BY	• .			