| Submit 3 Copies to Appropriate District Office | State of New Me Energy, Minerals and Natural Re | | Form C-103 Revised 1-1-89 |
|--|---|--------------------------------|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATIO P.O. Box 208 | | WELL API NO. |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico | 87504-2088 | 5. Indicate Type of Lease STATE FEE X |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. |
| (DO NOT USE THIS FORM FOR PRODIFFERENT RESE | ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: OIL GAS WELL [X] WELL [| OTHER | | N. HOBBS (G/SA) UNIT SECTION 29 |
| 2. Name of Operator | NC | | 8. Well No. 431 |
| SHELL WESTERN E&P IN 3. Address of Operator | <u>vc.</u> | | 9. Pool name or Wildcat |
| | TON, TX 77001 (WCK 4 | 435) | HOBBS (G/SA) |
| 4. Well Location Unit Letter I : 23 | 10 Feet From The SOUTH | Line and 3. | 30 Feet From The <u>EAST</u> Line |
| Section 29 | Township 18S Ra | | NMPM LEA County |
| | 10. Elevation (Show whether | | ¥///////////////////////////////////// |
| | ///// 3653' GR | | |
| NOTICE OF IN | Appropriate Box to Indicate I | | eport, or Uther Data SEQUENT REPORT OF: |
| NOTICE OF IN | IENTION TO. | 306 | SEQUENT 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 CE | ~ |
| OTHER: | | OTHER: OAP | (Redrieved RBP) |
| 12. Describe Proposed or Completed Operawork) SEE RULE 1103. | utions (Clearly state all pertinent details, ar | nd give pertinent dates, inclu | ding estimated date of starting any proposed |
| 11-20 6 11-22-89: | | | |
| POH W/prod equip. POH. Installed pro | Tst RBP 0 4150 dequip fretd top | (; wouldn't ho) | d. Latched orto RBP & |
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| The har antifer that the information shows is to | ue and complete to the best of my knowledge and | I belief. | |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
|--|------------------|---------------|--|--|--|
| SIGNATURE Affirthemas | REGULATORY SUPV. | DATE 12-20-89 | | | |
| TYPE OR PRINT NAME J. H. SMITHERMAN | (713) 870-3797 | TELEPHONE NO. | | | |
| TYPEORPRINTNAME . J. N. SPILLINEKITAN | (/10) 0/0 0/3/ | | | | |
| (This space for State Use) ORIGINAL SIGNED LY JL. L/ SURTON PISTRICT L SUPERVISOR APPROVED BY | . TITLE | DEC 2 6 1989 | | | |
| APTROVED B I | | • | | | |

SECENTED.

DEC 22 1989

Hosas oshqe