

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. 30-025-07464
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. 121
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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Shell Western E&P Inc.

3. Address of Operator

P.O. Box 576, Houston, TX 77001 (wex 5237)

4. Well Location

Unit Letter **E**: **2310** Feet From The **NORTH** Line and **330** Feet From The **WEST** Line

Section **30** Township **18S** Range **38E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3662' DF

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: **SET CIBP FOR WSO** ☒

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.

8-02 TO 8-04-94:

POH W/PROD EQMT. SET CIBP @ 4115'. INST PROD EQMT & RTP. *ran IPC TOG.*

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 **2/23/95**

TYPE OR PRINT NAME

G. S. NADY

TELEPHONE NO. **713/544-3797**

(This space for State Use)

ORIGINAL SIGNED BY JEPAT LEXION
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1000 1005