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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2033  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-76

5a. Indicate Type of Lease	
State <input type="checkbox"/>	For <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO SCREEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	N. HOBBS (G/SA) UNIT
3. Address of Operator	8. Farm or Lease Name
SHELL OIL COMPANY	SECTION 30
4. Location of Well	9. Well No.
P. O. BOX 991, HOUSTON, TEXAS 77001	321
UNIT LETTER G 2310 FEET FROM THE NORTH LINE AND 2310 FEET FROM THE EAST LINE, SECTION 30 TOWNSHIP 18-S RANGE 38-E N.M.P.M.	10. Field and Pool, or Wildcat
	HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3654' GR	LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. 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.

The proposed work submitted on Form C-103 dated February 9, 1983 for "Water Shut-Off, Open Additional pay and Acidize", has been cancelled.

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

Signed J. Carter for A. J. FORE TITLE SUPERVISOR REG. & PERMITTING

DATE DECEMBER 7, 1983

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE DEC 13 1983

CONDITIONS OF APPROVAL, IF ANY: