| Submit 3 Copies to Appropriate District Office  | State of New Me.<br>Energy, Minerals and Natural Re |                        | Form C-103<br>Revised 1-1-89                                       |
|---|---|------------------------|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240  | OIL CONSERVATIO<br>P.O. Box 208                     |                        | WELL API NO.   |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210  | Santa Fe, New Mexico 87504-2088                     |                        | 5. Indicate Type of Lease  STATE X FEE                             |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410   |   |                        | 6. State Oil & Gas Lease No.                                       |
| 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:  Out 157)  CAS   |   |                        | 7. Lease Name or Unit Agreement Name N. HOBBS (Gi/SA) UNIT SEC. 30 |
| MET X MET   | OTHER   |                        |  |
| 2. Name of Operator Shell Western E&P Inc.  |   |                        | 8. Well No.  |
| 3. Address of Operator  |   |                        | 9. Pool name or Wildow   |
| P.O. Box 576 Houston, TX 77001-0576   |   |                        | HOBBS (G/SA)   |
| 4. Well Location  | <del></del>   |                        | 110000 (4) (5)   |
| Unit Letter K : 23  | 10 Feet From The SOUTH                              | Line and               | 2310 Feet From The WEST Line                                       |
| Section 30  | Township 18S Ra                                     | nge 38E                | NMPM L.EA County   |
|   | 10. Elevation (Show whether                         | DF, RKB, RT, GR, etc.) |  |
|   | ////// 3662' DF                                     |                        |  |
|   | Appropriate Box to Indicate 1                       |                        |  |
| NOTICE OF IN  | TENTION TO:   | SUE                    | SSEQUENT REPORT OF:  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                                    | REMEDIAL WORK          | ALTERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRILLIN       |  |
| PULL OR ALTER CASING  | CASING TEST AND CEMENT JOB                          |                        |  |
| OTHER:  |   | OTHER: WS              | O & ACD X  |
| 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.  |   |                        |  |
| 8-09 TO 8-16-91:  |   |                        |  |
| POH W/PROD EQMT. CO TO 4160'. SET PKR @ 4032' & PT ANN TO 500#, HELD. REL PKR & RESET @ 4130'. PMPD 80 BBLS WTR, DID NOT SEE ANY COMM. POH. SET CIBP @ 4130' & CICR @ 4032'. ESTAB INJ RT. SQZD SA PERFS 4119-23' W/150 SX CLS C CMT + 2% CACL2. CAP CICR W/ 1/2 BBL CMT. DO CMT & CICR @ 4032' TO 4130'. PT SQZ TO 500#, HELD. DRLD UP CIBP, PUSHED TO BTM @ 4255'. ACD SA PERFS 4136-88' & OH 4200-55' W/4000 GAL 15% NEFE HCL + 1800# ROCK SALT. INST PROD EQMT & RTP. |   |                        |  |
| I hereby certify that the information above is to   | ue and complete to the best of my knowledge and     | I belief.              |  |
| SIGNATURE   | theman  | REGULATORY S           | SUPV. DATE 9/30/91   |
| TYPE OR PRINT NAME J. H. SMITH  | ERMAN   |                        | TELEPHONE NO. 713/870-379  |
| (This space for State Use)  |   |                        |  |

- TITLE -

- DATE -

CONDITIONS OF APPROVAL, IP ANY:

APPROVED BY -