State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

LL API NO.	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II Santa Fe, New Mexico 87504-2088	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, 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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	N. HOBBS (G/SA) UNIT
I. Type of Well: Off.	SECTION 30
2. Name of Operator	8. Well No.
Shell Western E&P Inc. 3. Address of Operator (100 to 4435)	241
3. Address of Operator (WCK 4435) P.O. Box 576 Houston, TX 77001-0576	9. Pool name or Wildcat
4. Well Location	HOBBS (G/SA)
Unit Letter N : 440 Feet From The SOUTH Line and	2310 Feet From The WEST Line
Section 30 Township 18S Range 38E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3669' DF	
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
	SSEQUENT REPORT OF:
	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB .
OTHER: OTHER:	OAP & ACD X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	ding estimated date of starting any proposed
7-17 TO 7-23-91:	
POH W/PROD EQMT. SET CIBP @ 4065'. SETTING TOOL DID NOT SHR OFF. PUR SKT. POH. RIH W/OS. PUSHED CIBP TO 4085'. LATCHED ONTO ROPE SKT ON PULLED 30,000# OVER TBG WT. SHRD OFF @ SETTING TOOL. POH. DRLD UP PUSHED TO BTM. SET CIBP @ 4070'. CIRC'D HOLE CLN. DRLD THRU CIBP & PU (4250'). SET CIBP @ 4087'. PERF G/SA 4051-72' (2 SPF). ACD PERFS 4056 GAL 15% NEFE HCL. INST PROD EQMT & RTP.	TOP OF CIBP. CIBP @ 4085' & JSHED TO TD
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE REGULATORY S TYPE OR PRINT NAME J. H. SMITHERMAN	UPV. DATE 9/10/91 TELEPHONE NO. 713/870-379
(This space for State Use)	

CONDITIONS OF APPROVAL, IF ANY:

APTROVED BY -