State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO20-025-07509
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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.)			5. Indicate Type of Lease
			6. State Oil & Gas Lease No.
			7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT
1. Type of Well:	1	-,	SECTION 31
WELL X WELL OTHER			
2. Name of Operator			8. Well No.
Shell Western E&P Inc.			131
3. Address of Operator (wex 4587)			9. Pool name or Wildcat
P.O. Box 576 Houston, To L Well Location	K //001-05/6		HOBBS (G/SA)
······································	90 Feet From The WEST	Line and	2310 Feet From The SOUTH Line
Section 31	Township 18S R	ange 38E	NMPM LEA County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
	////// 3651' DF	Natura af Nation D	VIIIIIIIII
	Appropriate Box to Indicate		•
NOTICE OF IN		300	BSEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER: A	CD K
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ntions (Clearly state all pertinent details, a	nd give pertinent dates, incli	uding estimated date of starting any proposed
2-10 TO 2-14-92:			
POH W/PROD EQMT. CO TO T 4158'. ACD SA PERFS 4039' EQMT & RTP.	D @ 4207'. ACD OH 4165' – 4157' W/2500 GAL 15% Ni	4207' W/3000 GAL EFE HCL. REL RBP	.15% HCL. SET RBP @ & POH. INST PROD
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and	d belief.	
SKONATURE CONTRACTOR	П	TECH. MANAGER	R - ENVIR. ENG. DATE 5/04/92
TYPE OR PRINT NAME W. F. N. KEL	LDORF 1		TELEPHONE NO. 713/870-34
(This space for State Ose)	g. Signed by tul Kautz Heologist		
APPROVED BY		т.е	DATE -
CONDITIONS OF APPROVAL, IF ANY:			