

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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 32
2. Name of Operator Shell Western E&P Inc.	8. Well No. 411
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576 (WKK4587)	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County _____	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3658' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>CO & AT</u> <input checked="" type="checkbox"/>	

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.

7-14 TO 7-16-92:

POH W/PROD EQMT. CO TO 4264' (TAG FILL). ACD G/SA OH 3939' - 4264' W/7500 GAL. 15% NEFE HCL + 2250# ROCK SALT. INST PROD EQMT & RTP.

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

SIGNATURE J. Marcus White TITLE TECH. MANAGER - ENVIR. ENG. DATE 8/18/92

TYPE OR PRINT NAME W. F. N. KELLDORF TELEPHONE NO. 713/870-3797

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY _____ DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 24 '92

RECEIVED
AUG 21 1992
OCD HOBBS OFFICE