

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.
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 33
8. Well No. 211
9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3647' GR

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Shell Western E&P Inc.

3. Address of Operator

P.O. Box 576 Houston, TX 77001-0576 (WCK 4465)

4. Well Location

Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 33 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3647' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: AT ☒

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.

4-05 TO 4-08-93:

POH W/PROD EQMT. CO TO 1500'. TAG PBTD @ 4215'. ACD SA PERFS 4076' - 4215' W/2500 GAL
15% HCL + AS-66 + 2200# ROCK SALT. INST PROD EQMT & RTP.

DAILY PROD PRIOR TO OPERATIONS: 84 BO + 1375 BW + 118 MCF

DAILY PROD AFTER OPERATIONS: 108 BO + 1819 BW + 14 MCF

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

SIGNATURE J. Marcus Windsor TITLE TECH. MANAGER - ASSET ADMIN. DATE 6/07/93

TYPE OR PRINT NAME J. L. MORRIS

TELEPHONE NO. 713/544-3797

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 12 1993

CONDITIONS OF APPROVAL, IF ANY: