

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

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

30-025-09876

5 Indicate Type of Lease

FED ☐ STATE ☒ FEE ☐

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))

7 Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT
SECTION 24

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ~~INJECTOR~~

8 Well No. 221

2. Name of Operator

SHELL WESTERN E&P INC.

3. Address of Operator

P. O. BOX 1950, HOBBS, NM 88240 505/393-0325

9 Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter F : 2310 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 24 Township 18S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT CR, etc)
3673' DF

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Adjust Injection Profile ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

08/22/96 - 08/30/96

POH W/PROD EQUIPMENT. SET CIBP @3975' AND CAPPED W/35' CMT. CIRC CSG W/ INHIBITED FLUID.
TEST CSG TO 500# FOR 30 MINUTES AND CHART FOR THE NMOCD. SECURE WELL FOR TA STATUS

PURSUANT TO THE PROVISIONS OF NMOCD RULE 203. SHELL WESTERN HEREBY REQUESTS TEMPORARY
ABANDONMENT APPROVAL FOR A PERIOD OF FIVE YEARS

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 08/21/96

TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: