

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

WELL APINO. 3D-025-12491  
30-025-09932

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 UNIT  
SECTION 19

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

SHELL WESTERN E&P INC.

8. Well No.

341

3. Address of Operator

P. O. BOX 1950, HOBBS, NM 88240

505/393-0325

9. Pool name or Wildcat

HOBBS (GSA)

4. Well Location

Unit Letter O : 2310 Feet From The EAST Line and 330 Feet From The SOUTH Line

Section 19

Township 18-S

Range 38-E

NMPM

LEA County

10. Elevation (Show whether DF, RKB, FT GR, etc)  
3658' DF

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: Adjust Injection Profile ☐

SUBSEQUENT REPORT OF:

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.

09/10/96 - 09/18/96

POH W/PROD EQUIPMENT. SET CIBP @ 4075' AND CAP W/35' CMT. TEST CSG TO 500 PSI FOR 30 MIN AND  
CHART FOR THE NMOC. CIRC CSG W/INHIBITED FLUID. SECURE WELL FOR TA STATUS.

PURSUANT TO THE PROVISIONS OF NMOC 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

09/03/96

TYPE OR PRINT NAME

C. L. MANN

TELEPHONE NO.

505/393/1425

(This space for State Use)

APPROVED BY

TITLE

DATE

SEP 06 1996