Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
Santa Fe, New Mexico 87504-2088 O. Drawer DD, Arlesia, NM 88210			5. Indicate Type of Lease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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 N. HOBBS (G/SA) UNIT	
1. Type of Well: OIL GAS WELL X WELL	OTHER		SECTION 20	†
2. Name of Operator	<u> </u>		8. Well No.	
Shell Western E&P Inc.  3. Address of Operator	(UCK 458	15	9. Pool name or Wildcat	
P.O. Box 576 Houston, TX 77001-0576			HOBBS (G/SA)	
4. Well Location  Unit Letter N :	330 Feet From The SOUTH	Line and	2310 Feet From The WEST	Line
Section 20	Township 18S Ra  10. Elevation (Show whether  3652' GR	inge 38E DF, RKB, RT, GR, etc.)	NMPM LEA	County
11. Check	Appropriate Box to Indicate 1	Nature of Notice, R	leport, or Other Data	222222
NOTICE OF IN	TENTION TO:	BSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASI	NG 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. DPLUG AND ABAN	IDONMENT 🗌
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L	
OTHER:		OTHER: WSO, RE	PERF & ACD	<b>X</b>
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	retions (Clearly state all pertinent details, a	nd give pertinent dates, incl	uding estimated date of starting any propo	sed
6-23 TO 7-02-92:				
TO 4267'. CO W/SCRPR TO 4220-66' W/200 SX CLS C 50 SX CLS C CMT + 2% CACL	C @ 4180'. DO CMT & CIBP, P 4266', POH. SET CIBP @ 4233 CMT + 2% CACL2 + 1.5% HOWO 2. DO CICR & CMT TO CIBP @ 4 ACD PERFS 4245-62' W/500	3' & CICR @ 4205'. CO SUDS + 300 SCF, 4233'. DO CIBP & C	SQZD SA PERFS /BBL N2 FOLLOWED BY CMT TO 4269'. CIRC CLN.	
I hereby certify that the information above is signature.  Type on Print NAME W. F. N. KE		d bolief. TIE TECH. MANAGE		<u>0/92</u> . 713/870–379
(This space for State Use)	ig. Signed by			CT 0.5 '92
	Paul Kautz Geologist n	m.e	DATE	
APTROVED BY	TI TI	1112	DAIB	