

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.	30-025-12491
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	N. HOBBS (G/SA) UNIT SECTION 28
8. Well No.	131
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3639' 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 4435)

4. Well Location
Unit Letter L : 2310 Feet From The SOUTH Line and 330 Feet From The WEST Line

Section 28 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3639' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: OAP & ACD ☒

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.

6-22 TO 6-28-90:

POH W/PROD EQUIP. CO TO 4262' (TAGGED BTM). SET RBP @ 4101'. PT CSG TO 300#, HELD.
PERF'D SA 4048'-70' (2 JSPF). ACD PERFS 4048' - 4225' W/3600 GALS 15% NEFE HCL UTILIZING
VARIOUS PKR/RBP SETTINGS POH W/TOOLS. ACD SA OH 4233'-62' W/1000 GALS 15% NEFE HCL +
300# ROCK SALT. INST PROD EQUIP & RETD WELL TO PROD.

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

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV. DATE 1/10/91
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 15 1991

CONDITIONS OF APPROVAL, IF ANY: