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**OIL CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

5a. Indicate Type of Lease  
State ☐ For ☒  
5. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name N. HOBBS (G/SA) UNIT
2. Name of Operator SHELL OIL COMPANY	8. Farm or Lease Name SECTION 13
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001	9. Well No. 441
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>330</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>13</u> TOWNSHIP <u>18-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3673' DF	12. County LEA

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 SET CIBP FOR WATER SHUT-OFF ☒

17. 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.

11-21-83: Set 5-1/2" CIBP @ 4110' and capped w/2 sx (20') of cmt (PBD 4090'). Installed production equipment and returned well to production.

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

SIGNED Eddie Seay A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE DECEMBER 5, 1983

ORIGINAL SIGNED BY **EDDIE SEAY**  
**OIL & GAS INSPECTOR**

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE DEC 9 1983

CONDITIONS OF APPROVAL, IF ANY: