

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.E.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
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. CIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
2. Name of Operator		N. HOBBS (G/SA) UNIT
3. Address of Operator		8. Farm or Lease Name
SHELL WESTERN E&P INC. (4431 WCK)		SECTION 28
4. Location of Well		9. Well No.
UNIT LETTER <u>L</u> , <u>1880</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>750</u> FEET FROM		10. Field and Pool, or Widect
THE <u>WEST</u> LINE, SECTION <u>28</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> NMPM.		HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3658' GR		LEA

16. 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 ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
		OAP, AT	

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.

1-12-89 thru 1-14-89:

POOH w/ prod equip. CO to 4120'. Set CIBP @ 4090'. Perf San Andres 4019' - 4041' w/ 2JSPF. AT San Andres 4019' - 4041' w/ 1200 gals 15% HCl acid + 33 bals sealers, using pkr set @ 3960'. RIH w/ prod equip.
Returned to production 1-14-89.

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

SIGNED A. J. FORETITLE SUPERVISOR REG. & PERMITTING

DATE

FEB 17 1989

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 27 1989

CONDITIONS OF APPROVAL, IF ANY: