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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMM' JUN

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

3a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	
025-26834	

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-1031) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Core Evaluation		7. Unit Agreement Name
Name of Operator		N. Hobbs (G/SA) Unit
SHELL OIL COMPANY		8. Farm or Lease Name
Address of Operator		N. Hobbs (G/SA) Unit 33
P. O. BOX 991, HOUSTON, TX 77001		9. Well No.
		232
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER K 1595 FEET FROM THE south LINE AND 1370 FEET FROM		Hobbs (G/SA)
THE west LINE, SECTION 33 TOWNSHIP 18S RANGE 38E N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3936.19' GR		Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

8-17-80: 1590'. Cmt'd 8 5/8" csg. w/550 sx Lite @ 2° CaCl₂ + 1/4# flocele. and 250 sx "C" + 2% CaCl₂; ran 40 jts. of 24# K-55.

9-4-80: Cmt'd 5 1/2" csg. w/(howco) 110 jts 14# K55 8rd STC new USS + Republic csg. @4439' w/500 sx Howco Lite + 14.8# salt + 1/4#/sx flocele + 250 sx Class C + 5#/sx salt + 1/4#/sx flocele. Bumped plug w/1700 psi. Helk ok.

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

SIGNED A. J. Fore A. J. FORE TITLE Supervisor DATE 9-18-80
Orig. Signed by
Jerry Sexton
Dist. 1. Supv.
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: