

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 88241-1980

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.	30-025-26974
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
N. HOBBS (G/SA) UNIT SECTION 32	
8. Well No.	432
9. Pool name or Wildcat	HOBBS (G/SA)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P.O. BOX 576, HOUSTON, TX 77001 ATTN: S.A. GALIK-5239 WCK	
4. Well Location Unit Letter <u>I</u> : <u>1400</u> Feet From The <u>SOUTH</u> Line and <u>1300</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3629.3' GR	

11. 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: MIT ☒

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.

7/24/95

PERFORMED MECHANICAL INTEGRITY TEST.

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

SIGNATURE Shirley A. Galik TITLE MGR - ASSET ADMIN. DATE 10/24/95
TYPE OR PRINT NAME FOR: G.S. NADY TELEPHONE NO. 713/544-4219

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: