

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. <u>30-025-159</u> <u>26979</u>
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 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 ☐ GAS WELL ☐ OTHER INJECTOR ☐	
2. Name of Operator Shell Western E&P Inc.	
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576 <u>(WCK 4435)</u>	
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 <u>LEA</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3629.3' GR</u>	

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: <u>ACD</u> ☒

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.

8-27 TO 8-30-90:

POH W/INJ EQUIP. TAG BTM @ 4220'. ACD SA PERFS 4062' - 4214' W/3500 GALS 15% NEFE HCL. INST INJ EQUIP, SETTING GUIB UNI-VI PKR @ 3948'. PT TBG/CSG ANN FOR NMOCD. RETD WELL TO INJ.

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 4/30/91
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. 713/870-3797

(This space for State Use)

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