

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. <b>30-025-27059</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>N. HOBBS (G/SA) UNIT</b>
8. Well No. <b>422</b>
9. Pool name or Wildcat <b>HOBBS (G/SA)</b>

**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 <b>Shell Western E&amp;P Inc.</b>
3. Address of Operator <b>P.O. Box 576, Houston, TX 77001 (wck 5237)</b>
4. Well Location Unit Letter <b>H</b> : <b>1520</b> Feet From The <b>NORTH</b> Line and <b>1300</b> Feet From The <b>EAST</b> Line Section <b>30</b> Township <b>18S</b> Range <b>38E</b> NMPM <b>LEA</b> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3651.09' GR</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>	

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <b>MIT</b> <input checked="" type="checkbox"/>	

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.

8-16-94:

PT TBG/CSG ANN TO 300# FOR 30 MIN, HELD. (CHART ATTACHED) RTI.

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

SIGNATURE: *A. J. Durrani* TITLE: TECH MGR - ASSET ADMIN. DATE: 9/13/94  
 TYPE OR PRINT NAME: A. J. DURRANI TELEPHONE NO. 713/544-3797

(This space for State Use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: SEP 20 1994  
 CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

FRB

