

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.	30-025-27660
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	N. HOBBS (G/SA) UNIT SEC 31
8. Well No.	312
9. Pool name or Wildcat	HOBBD (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 (WCK 4435)	
4. Well Location Unit Letter B : 1262 Feet From The NORTH Line and 1520 Feet From The EAST Line Section 31 Township 18S Range 38E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641.1' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: ACD TREATMENT <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.

12-26-84

PUMPED 1000 GAL 15% NEA HCL DOWN TBG. FLUSHED WITH 20 BBLS INJECTION WATER. LET SOAK 1/2 HOUR. RETD TO INJECTION.

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

SIGNATURE

J. H. Smitherman

TITLE

PROD. ADMIN. ADVISOR

DATE

MAY 03 1989

TYPE OR PRINT NAME

J. H. SMITHERMAN

(713) 870-3797

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

MAY 9 1989

CONDITIONS OF APPROVAL, IF ANY: